

# The New York Medical Times

VOL. XVI.

NEW YORK, JUNE, 1888.

No. 3.

## ORIGINAL ARTICLES.

### CHRONIC DISEASE OF THE SCROFULOUS TYPE.

BY GEO. H. TAYLOR, M. D., NEW YORK.

#### Article II.

#### PHYSIOLOGICAL DIFFERENCES OF NITROGENIZED AND NON-NITROGENIZED INGREDIENTS OF FOOD.

IT HAS been shown on preceding pages that the source of tubercle and its associated morbid conditions, is found by tracing the physiological series of events backwards. It is thus learned that nitrogenized ingredients are resolved into their exit forms only by normal use, and that defects of use imply retention of what should be chemically resolved and eliminated. The transformation imperatively demands the expenditure of physical energy, in both its mechanical and its chemical forms. These are the rigid physiological conditions to which there are no exceptions, and for which there can be no substitute. Other remedies, as medicaments, however promising in theory, or flattering in immediate effects, necessarily fail of success, because incapable of producing the effects of, or becoming substitutes for the mechanical energy required by the physiological system. Such remedies confer no power for the continuous production of the chemical end-forms demanded for health.

The consequences of failure of mechanical energy naturally arising in and proceeding from the muscles, is not confined to the scrofulous type of diseases. These are more incident to inherited weakness, and to that acquired by slow degrees. When muscular activity and transforming power are diminished to a morbid degree under other circumstances, the untransformed ingredient fails to become isolated as tubercle, and its equivalents may fail of becoming manifest. The untransformed albuminoid finds exit by the kidneys, either temporarily or habitually. Or, should the chemico-physiological activities become checked in the midst of the process, acute rheumatism is the morbid consequence. These different evidences of defective transforming power are alike removable by simply giving fuller scope to the ordinary and really only physiological mode of reducing albuminoids.

Attention has hitherto been confined to the consideration of the behavior of the *nitrogenized* class of ingredients of the vital organism, this being the sole source of tubercular material; and the study of their physiological destiny, affords the sole means of accounting for tubercular and therefore scrofulous affections. We have seen that scrofulous manifestations are concurrent with whatever prevents the resolution of nitrogenized ingredients. It may be correctly inferred from this statement that all circumstances affecting the relations of albuminoid substances to oxygen in the vital organism have a bearing on the cause and cure of this class of affections.

We may next inquire how the oxidation of albuminoids is influenced by the presence in the organism of other oxidable ingredients.

As matter of fact, the albuminoid series is but a part, often a small part, of the ingredients of food, and of the sources of the energies manifested by the organism. There is also a non-nitrogenized source of energy. This class of the ingredients of food is also constantly passing through parallel processes of oxidation, and also arriving at definite, completed and stable chemical results. In case of non-nitrogenized ingredients also, the physiological utility is measured less by the adaptation of the ingredient to support physiological processes, than by the measure of success in achieving the chemical phase of such processes.

A brief reference to the intrinsic nature of the two classes of ingredients of food, the nitrogenized and the non-nitrogenized, is here essential for the proper understanding of their relations to each other under circumstances presented in the vital organism.

The nitrogenized, which comprise the structural ingredients, includes the gluten, the albumen and the casein of all edible seeds, roots and vegetables; the fibrine and albumins of flesh and animal products in general, all having similar chemical composition, and reacting similarly to chemical forces, both within the vital system and exterior to it.

The non-nitrogenized parts of food are the fatty and oily portions of both vegetables and animals; the starch series of products and its derivatives, including the varieties of sugar, the vegetable acids and other products which appear to

serve nutritive uses as occasion may demand, but which otherwise pass harmlessly through the digestive mechanism without really entering the vital system or suffering material chemical change.

Exterior to and independent of the vital mechanism, what relations do these ingredients sustain to oxygen in each other's presence? A correct reply to this inquiry will throw a flood of light on the source of tubercle and its equivalents.

Very simple and practical tests will greatly assist in this inquiry. Let samples of each class, the nitrogenized and the non-nitrogenized, both in an equally dry state, be exposed to heat in the open air. It will be seen that the albuminoids obstinately refuse to burn, at least with any degree of activity. Even when the temperature is raised, only an ill-defined decomposition sets in, resulting in a variety of offensive, always incomplete and therefore unstable products. No end-forms of nitrogenous combinations, as urea, ammonia, nitrates, &c., are reached. Other and widely different circumstances are required to secure the products last named. Thus is the simple fact demonstrated that under ordinary circumstances the nitrogenized ingredients of food have very weak and uncertain affinities for oxygen.

Let the test be varied by moderating the heat and supplying moisture. The putrefaction which arises is so far from being chemically destructive, resulting in innocuous products, that quite opposite results follow. The ingredients deteriorate, but still persistently support structural forms; that is, vital existence of low order. A multitude of intermediate products arise, which have toxic properties, instead of the perfectly innocuous end-products which characterize health.

When, on the other hand, any of the *non-nitrogenized* ingredients of food are submitted to the heat test, exactly contrary results ensue. The oil, starch and modifications of these burst into the brilliant flame characteristic of rapid and complete resolution into end-forms, and no intermediate products are developed if there be free access of air. The whole mass quickly disappears, having been converted into invisible but stable products of oxidation. These experiments sufficiently show the intrinsic character and relations of the two classes of ingredients of ordinary food to the oxygen to which they are in a modified manner exposed in the vital organism.

The same principle admits of further illustration, the conditions affliating with those presented in the living body. The two classes of ingredients may be conceived of as dry, and thoroughly

intermingled. If in this state the mass be ignited, we should expect to find that while the non-nitrogenized and oxidable ingredients would be wholly consumed, the less combustible nitrogenized ingredients would remain, only to smoulder; and that none of this latter or nitrogenized substance would become wholly transformed to a neutral or end-product, much less to the form of urea.

Mechanically considered, the vital organism presents similar conditions. The intrinsic and inherent qualities of the ingredients of food, and of the modifications of food, necessarily continue within it, till somehow modified or reversed by environment. In the organism, though the oxidation is smothered and prolonged by the protecting water and salines—the ashes, so to speak, of preceding oxidation, yet the two orders of ingredients continue to sustain the same relations, both mutually and to the oxygen in contact. Other things being equal, the non-nitrogenized ingredient has the stronger affinity for oxygen. But the organic mechanism under the circumstances, affords a restricted supply of this necessary element; and the relation of oxygen to the nitrogenized ingredients is thus further weakened. Still further, it has been shown that the oxidation of albuminoids in the vital organism imperatively demands conditions which transform motor to chemical energy. In no other known way is the chemical phase of physiological processes raised to the degree required to dispose of its structural ingredients, inchoate and organized alike.

#### REMEDIES.

The nature of a remedy is rationally determined by the nature of the fault to be remedied.

A just perception of the nature of the sources, the manifestations as distinguished from their outward and sensory expression, is of primary importance, else the latter will be liable to receive the remedial attention due to the former. Time is lost, and with it the sufferer's capacity for radical benefit becomes gradually and hopelessly diminished. The palliative measures often resorted to, do not in general, even aim at fundamental purposes, and have little or no power or scope in that direction.

No remedy proposed for the scrofulous class of diseases can comply with the purpose in view, if it fails to contribute to the *functioning* power of the muscles. Since these diseases have their source in failure at this point, the remedy must be available at this point. It must also be of a nature applicable to the nature of the defect.

Even were specifics capable of disposing of

tubercle, and of annihilating its morbid alternatives, nothing permanently curative would be gained. No immunity is thereby afforded against the continued and even increased development of precisely similar morbid products. Only in one way can this consequence be obviated. This is by restoring the chemical function concomitant with voluntary and involuntary muscular activity. Both classes of muscles must be rendered competent to effect the chemical ends of natural, healthy function. This is a grave medical problem, generally unacknowledged, even unperceived. Its resolution demands special care, acquired by experience, guided by quick apprehension of physiological details. A sketch of the principles involved for effecting the purpose in view follows.

In the writer's work, entitled "Massage," the peculiar properties of motor energy when transmitted to parts of the living body, are shown. It is there demonstrated that reduction of the nitrogenized ingredients by oxygen is by this means secured. This consequence is entirely accordant with therapeutic indications. The chemical activity superinduced follows the same line, results in the same products, and attains the same ends as are in health, spontaneous. The superfluous nitrogenized ingredients, the source of pathological consequences, are speedily resolved into innocuous, physiological products. The evidence of these effects is the progressive decline and the disappearance of symptoms.

Observation of facts of this kind show conclusively that the effects of *transmitted* motor energy are indistinguishable from those spontaneously arising under the natural and ordinary exercise of the motor powers of the vital organism, and that the former may legitimately supplement the latter. The muscle cells do precisely the same chemical work, whether the incitation thereto have its source in the appropriate nervous mechanism, or be superinduced by motor causes derived from sources exterior to the body. The intra-muscle cell action is the same, and the chemical consequences are identical.

Nor is this all. The motor action of muscle cell is not confined to its interior or contents; neither is the chemical effect of such action thus limited. It pervades the exterior fluids and subordinates them to its control also.

The nitrogenized ingredient is disposed of in two ways: by absorption and resolution effected by the cell interior; and by exaltation of the natural chemical aptitudes of matter exterior to the cell, in the direction of physiological, as distinguished from pathological end-forms. Tubercle is thus

rendered impossible from lack of material out of which it arises.

Clinical experience, therefore, verifies and confirms the proposition that imparted motor energy is not dissipated and lost when applied to vital objects. It is simply transformed, under physiological guidance. It merges with the pre-existing physical energies of the vital organism, mechanical and chemical. It reappears in chemical products, having become latent therein. The ingredients which in its absence stubbornly resist chemical change and the influence of oxygen, are by motion rapidly subordinated to this agent, and physiological influence and physiological chemistry again become dominant.

The principle is further confirmed by the reflection that all animated beings, from the simplest monad upward, constitute areas in which motor energy is being continually expended during life, and that the most of these expenditures have no exterior significance or result. It is contrary to a rational conception of the economies of nature to suppose that the interior expenditures imply the extinction of the energy, any more than that of the materials engaged. The motor force has simply merged with and thus become auxiliary to the chemical forces of the organism, whereby the latter are rendered competent to execute the previously unfulfilled chemical purposes. The unstable complement of materials now assume stability, and the organism is thus relieved of threatened embarrassment, as it could be in no other way.

Since, then, the chemical results attained by the vital organism are, so far as known, dependent on and proportionate to motor expenditures within it, the conclusion before stated, that all motor losses within it, including even those of transmitted motor energy, become gain on the chemical side of physiology, is inevitable. The therapeutic significance of this principle is clear. The chemical defects and necessities of the vital organism may be supplied through additions of motor energy.

Etiologically stated, pathological conditions, notably those of the chronic scrofulous variety, are commensurate with defects of auto-motor activities. Nature seeks certain degrees of chemical perfection in living things through motion, this being the natural agent for insuring stable or end-products, especially of the albuminoid series of ingredients. It is therefore the natural and effective agent for displacing whatever untransformed and unstable ingredients the vital organism may contain. The reinforcement of auto-motions by transmitted motions becomes,



therefore, a natural remedial means of singular power and efficacy.

As to means for actually securing the full effects theoretically due, there are none comparable in efficiency to the direct, included under the general term *massage*. The variety of mechanical processes which this term covers consist essentially in transmitting motor energy, which in the vital organs merges with those pre-existing, and therefore becomes subject to physiological guidance. To be efficacious in different cases it must be abundant, sufficiently so to compensate for defects of the organic sources of energy.

It must be kept in mind that the effects of transmitted energy, *when rapid*, inures largely, if not chiefly, to the chemical side of physiology. But the radical purpose is to attain spontaneity of this action and its effects. This is secured only by *cultivation* of the muscles, the involuntary and the voluntary. The first is secured by persistent transmission of motion to the slow-acting muscles, *at rates agreeing with their natural spontaneous action*. The effect is to promote their nutrition and consequent power, and is invited by *slow* massage, this requiring mechanism, because slower than the rhythm of ordinary manual action. The second is secured by engaging the *will* in muscular acts. To be effective, such action must be rigidly confined to single muscles or groups of muscles, while the remainder of the body is entirely at rest. The process also rigidly demands a period of absolute inaction or quiet, to immediately succeed the process. The effect is very much heightened by offering resistance, graduated by an intelligent assistant, which increases and also isolates the incitation from nervous sources, and therefore increases the muscular nutritive consequences.

Under judicious application of these methods the chest gradually and permanently increases in size, and still more in its mobility or power to exchange air, while the natural form and extent of the rhythm of respiration becomes restored, so that the digestive participates with the pulmonary organs in its advantages. The enfeebled circulation in the skin and extremities is restored, and the weight of blood in the central distended vessels is removed. By these means, also, all mechanical impediments in the blood vessels of all dimensions are mechanically broken up and urged out of the way.

The therapeutic method above pointed out soon becomes apparent in an improved complexion and countenance, in regulated appetite, in disappearance of morbid skin manifestations, in progressive reduction of glandular and other localized swell-

ings, cessation of catarrh and cough, in deeper and easier respiration, in restoration of muscular strength, endurance and flesh, and the subsidence of general pulmonic symptoms, including the evidences of tubercle.

#### A CRITICAL STUDY OF SOME SYMPTOMS OF LILIUM TIGRINUM.

BY ELDRIDGE C. PRICE, M. D., BALTIMORE, MD.

IN THE April issue of THE NEW YORK MEDICAL TIMES I substantially stated that drug provers and compilers of drug symptoms are not as careful to give clear pathogenetic pictures as they should be. (This is a truism to students of original provings.) As a consequence, our ideas of correct pathogeny are confused, and our correct knowledge of drug effects is meagre.

In the commonly accepted compilations, besides genuine symptoms, there are the mental and physical peculiarities of the prover, and also many supposed clinical symptoms. To prove this a fact, it is only necessary to compare the symptomatology of almost any drug mentioned in any one of the modern standard works on homœopathic materia medica, with the original provings of the given drug.

I have recently made a careful review of the provings of the tiger lily, and have compared them with the symptomatology of this drug as given in Dr. A. C. Cowperthwait's "Text-Book of Materia Medica." I have chosen Dr. Cowperthwait's book because of the high standard the author has set for his symptoms, and also because it is one of the most modern works of the kind, and is recognized by perhaps the major part of homœopathic practitioners as a *text* book which fully substantiates its author's claims. He divides his symptoms into two classes. (To quote from the preface of the work, relative to this classification): "First—Those (symptoms) which occur very often in provings, and which have been repeatedly verified in practice; these we may designate as 'grand characteristics.' Second—Those which occur less often in provings, but which have been frequently verified in practice; these we may designate as 'characteristics.'"

Symptoms which have appeared "very often" in drug provings must certainly mean symptoms that have appeared at least three or four times in the aggregate, in the various provers; and "those which occur less often in provings" can hardly apply to the symptoms that have occurred but once. In other words, to give Dr. Cowperthwait's meaning the broadest possible



interpretation, "grand characteristics" may fairly be said to mean symptoms that have been produced in at least three or four, or possibly more, provers, and his "characteristics" those symptoms that have appeared in at least two provers. Both classes are supposed to have been frequently verified; but as the majority of "verifications" are questionable, we will disregard the clinical element in this pathogenetic analysis.

Among the "grand characteristics," exception may be taken to three symptoms.

First—"Constant hurried feeling, as of imperative duties, and utter inability to perform them."

This appears in but two provings, those of Mrs. N. W., M. D., and Mrs. L. B. C., M. D., each referring to the condition but once during the course of the test. This can hardly be considered of sufficient importance to be called a "grand characteristic" of *lilium tigrinum*; even the most enthusiastic symptom collector must hesitate before considering a symptom that appears but twice, as occurring "very often in provings."

Second—"Sensation as if diarrhœa would come on; also passing off by urinating."

This is in part combined from the records of two provers only, so far as I can find, Dr. J. W. Savage and Miss —, a teacher. The former had "diarrhœic sensation, no discharge," and the latter had "tenesmus; efforts to stool resulting in voiding a little urine only," and "diarrhœic feeling, resulting in a little urine only." Where the "passing off by urinating" is obtained I cannot discover.

Five provers had diarrhœa, but this distinctive symptom of a diarrhœic sensation was experienced by but two provers.

Third—"Pressure in rectum with almost constant desire to go to stool."

This is another questionable "grand characteristic."

Two provers only had this pressure; one, Mrs. N. W., M. D., had pressure on the rectum, and the other, Miss —, a teacher, had pressure in the rectum, and both had ante-version of the uterus with the os resting against the rectum. The cause may thus have been mechanical, and not a direct effect of the drug at all. Mrs. N. W., M. D., alone had, with the pressure, the almost constant tenesmus, or as Dr. Cowperthwait puts it, "almost constant desire to go to stool."

Further comment upon these three "grand characteristics" is needless.

The second class of symptoms, the "characteristics," contains a much larger quantity of material requiring close scrutiny.

In the mental sphere of *lilium tigrinum* the author records "inclination to weep, timidity, apprehensiveness."

One prover only, N. W., M. D., had the "inclination to weep" and the "apprehensiveness." The "timidity" I fail to find in any of the provings.

"Tormented about her salvation, with uterine complaints," was recorded by Miss U. alone.

In the original provings three provers were in a mental state that may be expressed as absent-minded, but this text-book does not even hint at such a mental condition.

HEAD: "Dull pain in forehead over the eyes."

The prover's records show the "dull pain" to be characteristic, and they also show the location to be most frequently in the *left side* of the head or over the *left eye*. The records give the following: One prover had pain over the right eye, three had pain over the left eye, five had right-sided headache, and seven had left-sided headache. The left-sided preference is omitted.

The facts that four provers had evening headache, and that four provers had headache aggravated in the open air, are also omitted.

EYES: "Hypermetropia; presbyopia."

These are purely clinical symptoms, and according to the statement in the preface of this text-book, such symptoms are not admissible, the author promising *verified pathogenetic symptoms only*.

Three provers experienced painful eyes, and three provers suffered with dim or blurred vision; but these really pathogenetic results are not mentioned.

STOMACH: "Craving for meat."

Mrs. N. W., M. D., is the only authority for this symptom.

STOOL AND ANUS: "Dark" stool.

This is due to Mrs. N. W., M. D., alone. The child that died from the toxic effects of the drug had "discharges colored yellow." The latter is omitted.

SEXUAL ORGANS: "Severe neuralgic pains in uterus; could not bear touch; not even weight of bed clothes or slightest jar; anteversion." "Anteversion" was produced in three provers beyond all question, and, as if to prove the unreliability of these promiscuously arranged "characteristics," it is tacked at the end of a string of clauses that express a condition which was experienced by Mrs. L. B. C., M. D., only. This condition is merely subjective and pathogenetically unverified, while the "anteversion" is objective, and was pathogenetically verified by two provers.

"Bearing down in uterus, with pains in left mamma."

The "bearing down" is fully substantiated pathogenetically, but the "pains in left mamma" were recorded only by Miss F. This lady first felt the symptom while taking the 300th dilution, and as she kept no previous health record, and as no other prover verified her symptom, it is unfair to place it in the same sentence at par value with the "bearing down," which latter was experienced decidedly by five provers.

"Voluptuous itching in vagina, with feeling of fullness of parts."

Miss F. alone records this symptom.

"Stinging in left ovarian region."

Miss F. only is also responsible for this symptom.

The right ovary is not mentioned as affected at all, while the pathogenetic records show that the right ovary was affected in three different provers, Miss F. alone having suffered from her left ovary.

Dr. Cowperthwait omits all mention of increase in the sexual instincts of the provers; whereas two women and three men had strong increase in sexual desires.

BACK: "Sensation of pulling upward from tip of coccyx."

This is recorded by Mrs. N. W., M. D., only.

To judge from this text-book, one would suppose that the tiger lily had an affinity for the sacrum and not for any other region of the spinal column, but the fact is that *two* provers had pain in the sacrum and *six* had pain in the lumbar region.

LIMBS: "Burning in palms and soles," is from the record of Miss F. only. Cold hands and cold feet are neither noted, although four provers report the latter condition and two report the former.

The symptom, "limbs cold and clammy," I naturally supposed, applied to the whole arms and the whole thighs and legs, but the nearest approach to such a symptom of the "limbs," I find only in the report of Dr. S. P. Graves. His record shows "coldness of outer side of left leg as from wind." But here is no dampness, and as the next possible source I suggest the "cold perspiration on backs of hands" of Miss —, a teacher, or the "extremities cold and clammy" of Mrs. B., a student. If these latter records be the source of Dr. Cowperthwait's "limbs cold and clammy," then he has either misapplied the term "extremities," or inadvertently transferred "cold and clammy" from the "extremities" to the "limbs."

AGGRAVATIONS: "At night, from loss of self-control."

From whence this comes I do not know, unless it be from "the pain extended over the lumbosacral region, and she had to lie and cry herself to sleep," of Mrs. N. W., M. D. Does Dr. Cowperthwait really consider this symptom "characteristic" of *lilium tigrinum*?

The author notes no other aggravations, but the provings show the headache of three provers to have been worse on motion, and that of four provers to have been worse in the open air.

In addition, so far as I am aware, it is not established that *lilium* patients are *better* in the fresh air as this text-book states, but, on the contrary, the provings suggest the reverse.

Helonias is noted as an antidote to the anteversion of *lilium*, and *nux v.* as the antidote to the colic of *lilium*.

Mrs. N. W., M. D.'s, case is hardly conclusive of the action here ascribed to *helonias*, for though the pressure on the rectum and the rectal tenesmus, and the burning in the urethra were, according to the report, "greatly relieved" after the one dose of *helonias* 200th, yet, upon examination six weeks after this dose of *helonias*, the displacement was still found to be present.

In a remedy whose symptoms apparently come and go rhythmically, as do those of *lilium tigrinum*, a belief in the supposed antidotal effect of a drug (or as in this case, a very high dilution), upon any condition or set of symptoms, should be held *sub judice* pending other and more carefully conducted experiments to ascertain the unquestionable fact.

This also applies to the one case of supposed *lilium* colic, which *nux v.* is stated to have relieved. Mrs. B., the prover, had an attack of colic two hours after dinner, December 7th, 1869, took one dose of *nux v.*, and the colic disappeared. This proving was begun November 1st, 1869, and the record continued until December 24th following. The colic occurred only once during the proving (*i. e.*, December 7th), thirty-seven days after the first dose, and seventeen days before the end of the record. It is, therefore, not at all certain that the colic was not caused by something eaten at the recorded dinner. In consequence of these qualifying circumstances it is not reasonable to accept either *helonias* or *nux vomica* as bearing any proven antidotal relationship to *lilium tigrinum*.

I am fully aware that this is not an exhaustive criticism of the symptoms commonly credited to the tiger lily, but from this attempt, together with Dr. Langheinz's critical examination of

opium, and Dr. Hughes' analysis of belladonna, I think the fact of the urgent need of a reconstructed and regenerated homœopathic materia medica is conclusively shown to the satisfaction of every fair-minded student of materia medica.

### INGROWING TOE NAIL.\*

BY JOHN H. THOMPSON, M. D., NEW YORK.

**I**NGROWING toe nail is a disease so readily recognized and diagnosed that it will require but little description at this time. My intention in offering this brief paper is to give a means of cure quite different from any of the usual methods practiced or laid down in any book that I have ever happened to read, and which is equally efficacious in the treatment of onychia.

A faulty method of paring the nail of the great toe (which is the one most frequently affected), or a badly-fitting shoe (or both) are the most frequent causes of this very painful affection, yet in some cases I have found there is a tendency for the nail to grow into the fleshy part of the toe at one side or the other without being due to either of these causes. The nail, however, generally begins to irritate the side of the toe by having being pared too short at one of the corners, when it is given a spear-shaped point instead of being rounded all of the way to the side of the nail, which is caused by the sudden and almost angular dipping down of the nail at the sides, unlike most finger nails.

This sharp point is being constantly pushed into the flesh of the toe by the growth of the nail, which, together with the pressure of the weight of the body, causes inflammation and finally ulceration. The skin on the affected side grows up on the nail somewhat like a fungous, oftentimes to the extent of one-fourth of an inch.

It is astonishing for how long a time a person will bear the agony caused by an ingrown nail before applying to a surgeon for treatment, though probably it is because he fears that he will be obliged to submit to some of the barbarous methods which he has known to have been practiced upon some of his acquaintances—either avulsion of the entire nail; or passing one of the blades of a pair of scissors under the nail, pushing it up to the matrix, then cutting through the nail and twisting out the diseased side, leaving in both cases a very sensitive raw surface, which is

tedious to heal, and often the same diseased conditions return with the growth of the nail; or the nitrate of silver is used, or the painful, tedious and almost useless method of raising up the nail with pledgets or strands of lint tucked under it, or the introduction of a piece of sheet lead or tin foil, with the application of various dressings, or cutting a V-shaped piece out of the centre.

Scraping the middle of the nail so thin that the pressure is in a small degree relieved at the sides. Cutting off the corner is also a futile proceeding, and only postpones the day of cure. Strapping the under side of the toe, or painting with colloidion, with the intention of drawing the flesh away from the edge of the nail.

I have had different cases under my care, after each of these methods had failed to effect a cure.

The first thing to do in a case where there is suppuration is to gently wipe away as much of the discharge as possible with a little absorbent cotton tucked between the nail and overlapping skin with the flat end of a silver probe, not causing the patient too much pain, as it is not important to wipe it dry; then pack in some *very finely powdered* red precipitate of mercury. Cover the toe with a film of cotton or thin piece of old muslin, and bandage lightly.

In bad cases which are of long standing, or where there is much suppuration, this dressing must be repeated every day, each time removing the portions of the powder and discharge which are caked together; wipe out the pus again and apply a fresh supply of the powder.

Even in bad cases there will not be much pain in dressing after three or four days.

Soon it will be seen that the edge of the skin which has grown up on the nail has become dry and shrivelled. This edge should be peeled off or cut with a pair of scissors as soon as practicable, without causing pain, and in this way this abnormal growth of skin will be reduced so that the edge of the nail will be easily visible. As soon as is possible some of the powdered red precipitate should be introduced under the edge of the nail, which will cause the skin to be hardened as the suppuration ceases. The nail is seldom to be interfered with, unless by the injudicious cutting, which has been done previous to this treatment, some roughness or sharp point should be left; then it may be gently and carefully smoothed off.

When the nail grows out the end of it should be cut squarely, so that the corners of it are beyond the groove at the side; then there will not be any danger of a recurrence of this disease.

I have practiced this method for twenty-five years, with perfect success in every case.

\* Read before the Hom. Med. Society of the County of N. Y., May 10, 1888.



## CLINIQUE.

## THERAPEUTICS OF LITHÆMIA.—BRYONIA.\*

BY C. E. LANING, M. D., CHICAGO, ILL.

## Article I.

ALMOST every one knows that bryonia is good for "liver complaint," therefore you are, no doubt, prepared to see it marshalled among the combatants of lithæmia. While, in the present state of medical knowledge, it is impossible to say always just where a remedy makes itself first felt in the organism, still, by careful observation, reinforced by an adequate knowledge of the anatomy and physiology of the economy, much valuable insight into this very important matter may be obtained.

Although there may be exceptions to the following statement, I think it will be found to be true in a majority of cases: When a remedy develops, in the course of its proving, well defined mental symptoms, it may be taken as almost proof positive, that said remedy acts largely, if not exclusively, upon the great sympathetics. A remedy must not only act upon the same tissues which are affected by the disease which it is given to cure, but must also act in a very similar manner, making its impression upon the same point of the organism that the disease originally did. This being true, a careful study of the etiological factors of disease assumes a very important *role*, for in this way we are often enabled to learn what parts of the economy are first affected. If, therefore, certain diseased conditions are known to arise as the result of psychical influences upon the brain, remedies which produce similar symptoms or which cause the disease just referred to must, by analogy, act primarily upon the brain, the resultant symptoms being caused by the disturbance of the cerebral cells being conveyed to other parts by means of the sympathetic nervous system.

How many times has every physician of experience seen morbid conditions of the various parts of the organism arise as a result of some powerful impression made upon the brain, and how many times has he cured it with aconite, chamomilla, bryonia, opium, hyoscyamus, pulsatilla, gelsemium, ignatia, etc., etc.?

Any one who knows how to interpret symptoms, not only as regards the remedy to which they may correspond, or as regards their significance in a diagnostic way, but also knows how to reason out the centres from which they originated and the paths by which they came, will see that all,

or very nearly all, the symptoms removed by the above remedies were caused through an affection of the sympathetic. Hence, if a liver or stomach or kidney may be deranged functionally, and even, as is claimed by some, may become affected by malignant organic disease, through the influence of the mind, does it not stand to reason that the remedies removing these conditions must act specifically and primarily upon the same cerebral centres, which have been affected in the first place by purely psychical influences? Our Old-School friends laugh at the idea of letting the fact that a diseased condition is due to fright or any other emotion influence us in the selection of a remedy. If an emotion may be looked upon as an etiological factor, and that it may be there can be no manner of doubt, as is amply proven by the statements of their own standard authors, then why not take it into consideration in the selection of a remedy just as much as if the disease for which we are prescribing was due to sudden and great chill or overpowering heat? One group or class of etiological factors cannot be used as a basis or guide for therapeutic measures while another group is ignored, at least not if therapeutics ever attain to the dignity of a science.

This may seem to you a considerable of a preamble to the study of bryonia in lithæmia, and possibly as irrelevant to the subject, but I desire as much as possible, in the short time allotted me for the purpose, to make you familiar with certain facts pertaining to the selection of the remedies I shall lecture upon, but also having a bearing upon therapeutics in general. Under the mental symptoms of bryonia we shall not only observe those which will correspond to the mental symptoms which are characteristic of lithæmia, but shall also see that they indicate an affection of the sympathetic. You will observe that some of the mental symptoms at once establish a relationship between bryonia and chamomilla, while they at the same time serve to distinguish bryonia from calcarea.

The following are the lithæmic mental symptoms of bryonia: "Great depression and morose mood without cause." It is not really correct to say that any symptoms or morbid expressions are without cause, but I give the symptoms just as they appear in the materia medica. "Irritable mood, wishes to be let alone. (Antimon. crud., nux vom.) Very irritable, obstinate and passionate." These symptoms need no further explanation at present, but I wish to call your attention to another symptom which is found in the mental group: "Inclined to fright, fear and vexation, bad effects from violence and anger."

\* *The Clinique.*

This last symptom shows conclusively that through the cerebral emotional centres, through the sympathetic, the bryonia patient is very liable to become affected. This tendency of the sympathetic to become involved under bryonia is not alone shown by this symptom, but also by the fact that the gastric and hepatic derangements to which bryonia is curative, are almost always aggravated if not produced by exposure to heat. Through the sympathetic system the ill effects (as well as the beneficial) of heat or cold are made manifest.

You have become so familiar, through repetition, with the head symptoms of lithæmia, that I scarcely need draw your attention to the parallel between them and many of the cranial or cerebral symptoms of bryonia. That this remedy affects particularly the nerve centres which control fibrous and serous tissues there can be no doubt. I say the nerve centres, for, as you know, I do not believe that remedies ever—or if at all, very seldom—act directly upon a tissue, except it be nervous. Many of the head symptoms of bryonia point conclusively to involvement of the fibrous tissue entering into the formation of the *dura mater*. It is well known that the cerebral mass itself is little susceptible to pain from congestion or any of the scourges of ordinary pathological irritation. The *dura mater*, however, is supplied by the fifth nerve, the most exquisitely sensitive one in the entire body. The fibrous tissue entering into the formation of the eye and its appendages are also acted upon by bryonia. We are therefore prepared for such symptoms as these: "Pressing outward in the frontal region and left eye-ball, especially on stooping. Headache from slight motion, as moving the eyelids;" "great heaviness of the head and pressure of the brain forward."

If we analyze these symptoms, we at once see the part the *dura mater* plays in their production. Bryonia acts primarily upon the sympathetic fibres which pass to the *dura mater*, or, at least, those controlling the arterioles of that membrane. It throws the vaso-motor filaments to those vessels into a state of paresis, and hence the quantity of blood is increased in the involved territory. Fibro-serous membranes tolerate but poorly congestion or inflammation, for the reason that they are so firm and unyielding. Having such a condition set up in fibrous portions of the *dura* and eye, motion and gravitation produce a decided and unpleasant effect. The pressure upon the sensory nerve filaments of the *dura* give rise to a sensation as if the brain was falling forward, or was about to press out of the forehead. Of course, we know

the brain does not really move forward, but when stooping or leaning forward the amount of blood is increased in the meningeal vessels, pressure is exerted upon the sensory nerves of the *dura*, and hence the sensation.

There are other symptoms of lithæmia and bryonia which point to an affection of the vaso-motors of the cerebral vessels. If rightly interpreted, these latter symptoms, which I will soon mention, indicate which vessels are affected. The symptoms referred to are the following: "Confusion of the head, especially of the forehead; head confused and aching, as after a night's dissipation; does not wish to rise in the morning on awakening."

While the first group of symptoms given are caused largely by over-distension of the meningeal arterioles, the last group is due to an entirely different system of vessels, viz.: the cerebral cortical capillaries, which, in the anterior portion of the brain, belong to the system of blood vessels having their ultimate origin from the internal carotids.

That the vaso-motors controlling the cerebral circulation are affected in the manner already intimated, receives additional proof from this symptom—"rush of blood to the head."

This symptom is to be distinguished from a similar one under belladonna. In this last remedy the cerebral vessels are seldom, if ever involved without a simultaneous affection of the capillaries of the integument of the face, and often of the neck. Pardon me if I make a slight digression, in order to call your attention more particularly to this difference between the two remedies just mentioned. Bryonia seldom produces dilatation of the peripheral capillaries of the integument; it is those of the deeper structures which are most frequently involved. Thus, in a bryonia case of cerebral congestion or meningitis, the face is not only not flushed, but is often even pale. This condition you will rarely or never find occurring under belladonna—the face will almost always be found to be red and hot if there is cerebral or meningeal congestion or inflammation calling for belladonna. One more illustration, and I think this fact will be sufficiently impressed upon your minds. In certain puerperal cases the mammae become congested and tend strongly toward inflammation. In such a case, if belladonna were indicated, there would be heat, redness and throbbing in the breasts. When bryonia is called for, however, a different condition will be noted, although the congestion of the deeper tissues may be just as great and inimical as it was under belladonna. This is clearly proven

by the following characteristic of bryonia: "Tensive, burning and tearing pain in the mammae—they are pale, but hard and painful."

This peculiarity as regards the physiological action of bryonia, if remembered, may serve to assist you, sometimes, in its selection, and at the same time prevent you from being deceived in regard to the degree of congestion or inflammation of some organ, because there is not a corresponding evidence of surface heat or redness.

The other cerebral symptoms under bryonia, which give evidence of a lithæmic origin, are so similar in character to the ones already mentioned that it is scarcely worth your time for me to repeat them. One peculiarity in the headache of bryonia it may be worth while to call your attention to, as it will fasten more firmly what I have already told you. Almost always, if a patient suffering from a bryonia headache coughs, it causes a decided aggravation of the pain. Remembering that the site of the lesion which gives rise to the pain in a bryonia headache is in the meninges, principally the dura, and recalling the fact of its firm, fibrous structure, you at once see that any sudden increase in the amount of blood in that tissue must cause an increase of pain. During the act of coughing the thorax is temporarily contracted, its superior opening is diminished, and hence the return of the blood from the brain and meninges, which takes place through the internal jugular, is retarded, while the blood passing to these structures, through the carotids, receives a sudden onward impulse, the two conditions of necessity result in a temporary sudden increase of the amount of blood in the cavity of the cranium, making itself manifest at such points as are already diseased and sensitive.

We will now proceed to the study of a group of symptoms which you will at once recognize as a portion of those so often named in summing up the symptom complex which we term lithæmia. You will notice also that these same symptoms are all more or less characteristic of bryonia. Constipation is a very usual symptom of lithæmia; fullness of the stomach and intestines or in the region of the liver, with pain varying in character in one or all of these locations, you are aware are symptoms which are almost pathognomonic of lithæmia, at least, are very seldom missing in a well-defined case. Under bryonia we find all of those. The constipation is characteristic of the remedy, though not necessarily of the disease. Let us see what this peculiar form of constipation signifies.

The passages are "very dry, large and hard,

evacuated only after much straining; hard black and dry stool as if burnt."

Here we observe every evidence of an affection of the sympathetic. The great splanchnic originating from the 5th, 6th, 7th, 8th and 9th dorsal ganglions of the great sympathetic, contain the fibres which not entirely, but very largely, inhibit the peristalsis of the intestines. A peculiar and characteristic feature of the bryonia stool is that it is almost invariably large in size. The intestine being a hollow tube, it is plain that it might be inhibited at the moment when the circular fibres had contracted, and consequently the lumen would be lessened; but the nature of the stool shows conclusively that this is not the case in bryonia, but that the intestinal increment is inhibited or stopped in diastole, as we might say, just as galvanism or digitalis inhibits the heart through the vagus. The intestine remaining in this way for any considerable length of time naturally causes the stool to be moulded accordingly. It is well known that the so-called secretory fibres, those which control the quantity and quality of the secretions poured out from the various glandular structures of the organism, pass to these bodies by way of the sympathetic. Those which control the intestinal secretions pass through the splanchnics. Bryonia exerts an inhibitory influence upon them as well as upon those affecting intestinal peristalsis; hence the secretions are greatly diminished, and in addition to the large size of the stool there is added dryness and hardness. From this combination of necessity springs the "obstinate constipation" of this remedy. We know that the condition of the tongue and buccal cavity often represents the image of the gastro-intestinal mucous surfaces, and in the case of bryonia the inhibiting fibres of the sympathetic are so affected as to produce the well-known dry mouth, tongue and lips. The action of this drug upon the sympathetic does not end here, for the secretions of the liver are interfered with, and more or less of the bile which that organ should throw out into the intestines is retained in the organism, and as you already know that the bitter taste of the bile is due to the presence of taurocholic acid, you can readily infer, and correctly, that there is a considerable quantity of this in the blood, since an intensely bitter taste is very characteristic of bryonia. You may wonder why, if this is so, the action of the heart is not greatly slowed, for I have told you that carefully-conducted physiological experiments show conclusively that in cases of jaundice or diseases in which there is great retention of bile in the blood the slow action of the heart, and it is generally slow in such cases,



is due to the action of the taurocholic acid upon the ganglia of remak, which as you know are inhibitory ganglia of the heart. You must be aware that when an inhibitory nerve is caused to exert its function beyond a physiological limit, it is because it has been irritated, not paralyzed. While then bryonia irritates the inhibiting fibres of the splanchnic, it does not so affect those contained in the vagus which pass to the heart, but on the contrary irritates or stimulates the opponents of the *par vagum*, the cardiac branches of the cervical sympathetic, and hence the "heart beats violently and rapidly; the pulse is full, rapid, hard and tense, at times intermittent, with strong organism of blood."

This action of the drug upon the cervical cardiac nerves would seem to be the cause of masking the action of the taurocholic acid upon the inhibiting ganglia of the heart, although it is not beyond the possible, that the intermittent action observed may be due to a temporary mastery over the heart by these ganglia due to their irritation by the acid.

You will, I am sure, recognize these cardiac symptoms as belonging to the group or class which I have told you were present in cases of lithæmia.

Ample evidence of the imperfect oxidation, incomplete disintegration, of the albuminous substances which form the gross and proximate cause of lithæmia is to be found under the pathogenesis of bryonia.

The urine is more or less loaded with urea and uric acid. You have not forgotten, I hope, how we found that starting in with that very complex substance, albumin, with a chemical formula of  $C^{72}H^{112}N^{18}SO^3$ , was, by the process of oxidation, finally converted into the less complex substances, leucine ( $C^6H^{13}NO^2$ ) and tyrosin ( $C^9H^{11}NO^3$ ), and coming on down the scale, providing the disintegrating powers of the liver were not too much diminished, we obtained uric acid ( $C^5H^4N^1O^3$ ), and lastly, if the condition were normal, urea ( $CH^4N^2O$ ). As you well know urea is highly soluble in warm water, the urine, therefore, being able to hold in solution a large amount of it. Uric acid, on the contrary, is but very slightly soluble in this menstruum. The text works and monographs tell us that the lithæmic symptom complex is caused by an undue accumulation of uric acid in the blood. This in turn is because the liver and lungs cannot reduce the albuminous matter by oxidation to its lowest common denominator, so to speak, that is, to urea. Do not mistake the true nature of lithæmia; do not consider that all of the symptoms are due to the presence

of uric acid in the blood, nor that when bryonia or any other remedy cures it, that it does so by picking up and literally carrying the uric acid out of the body. The disease most certainly originates in the nervous system. Within this wonderful portion of the organism lies the power, the controlling influence, which enables the liver to completely disintegrate the albuminous substances which pass through it. Therefore, when the nervous system has become so affected that it commences to exert such an influence upon the liver as tends to prevent its full action in the reduction of nitrogenous substance into urea, it leaves them, or a part thereof, at the intermediate stage of uric acid; a case of lithæmia is certainly developing, and the symptoms which make their appearance up to this time are as much a part of lithæmia, and an essential part, as are the first colors put on the canvas a part of the complete landscape or portrait. It is true that when the painter begins we cannot tell whether it will be a landscape or a marine view, but it is most positively the beginning of one or the other, and if never completed we will always be left in doubt as to what it might have been. Almost every case of hepatic derangement calling for bryonia is an incipient case of lithæmia. If the action of bryonia is continued long enough to give rise to a certain accumulation of uric acid in the blood, then we say it is lithæmia. It is just as certainly, Mr. Jones who is coming, when his foot comes through the door as when he has entered bodily, although we may not have been able to recognize him sooner. You will find in making a selection of a remedy in lithæmia that the nervous phenomena which developed before the uric acid made its appearance in the blood, and as a result of which it does appear, will generally be the ones which will serve as a guide in the selection. After the lithic acid has been found in the blood, and only then, it is true, does the full group of symptoms which we name lithæmia, make their appearance. Remedies can certainly effect the nervous system in different ways in the production of uric acid, and after the uric acid is once developed its reflex action and symptoms resulting vary somewhat, in accordance with the manner in which the organism has first been affected in producing it. Thus in almost all cases this acid in the blood causes a feeling of fullness and heaviness in the region of the epigastrium and liver, the appearance of urates in excess, or uric acid in the urine, and the almost pathognomonic symptom of raising tough phlegm from the throat and fauces. I have not explained this symptom to you yet, or at least the way in which

bryonia produces it. You will find this pathognomonic symptom of lithæmia expressed under bryonia in the following manner, "tough mucus in the fauces loosened by hawking. Hawking of offensive, tough mucus, sometimes in round cheesy lumps, the size of a pea."

Expectoration of this sort is the kind which I consider the most characteristic of reflex laryngeal catarrh, that reflex due to hepatic trouble. Where you find this peculiar form of expectoration, that is, round, tough, cheesy lumps, you may be certain that they come from the pouches of morgagni in the saculus laryngeus. If you need to review your anatomy a little to locate these, it will do you no harm. Bryonia as well as all other remedies which affect the secretions of these pouches, do so through the secretory fibres of the sympathetic, which pass to them from the thyroid plexus. Let me caution you that the form of secretion referred to does not always result from a deranged liver; indeed, strictly speaking, never from a deranged liver, but only as one of the concomitants of a nervous system so affected as to produce an affection of the liver. But, I must call your attention incidentally to the fact, that, in certain forms of nervous dyspepsia this occurs, notably under such remedies as ignatia, agaricus and argentum nitricum, in which case the liver may not be at all involved; but always be on the *qui vive* for hepatic trouble, coincident to, or following such a symptom.

#### A PLEA FOR ASPIRATION IN THE TREATMENT OF CHRONIC HYDROCEPHALUS.

BY EUGENE R. CORSON, M. D., SAVANNAH, GA.

THE FOLLOWING case, though proving but little in itself, is a suggestive one, and may stand as a text for some remarks on chronic hydrocephalus. I was summoned September 8th to attend Mrs. M., æt. 24, primipara, who had been in labor a number of hours; the head was well down, vertex presenting; ether was given and the forceps readily applied; delivery was very difficult, and anticipating a perineal rupture, I performed a double episiotomy, though it did not prevent a slight perineal tear owing to the large fetal head, and a thick unresisting perineum; the child was a girl, and with an immense head, much distorted by the labor, there was apparently a paresis of the right side; placenta came away readily and was followed by a free hæmorrhage. The mother made a rapid recovery. By the end of two weeks it was very evident that the child had hydrocephalus.

Sept. 30. The occipito-frontal circumference was 20 inches, the occipito-bregmatic 18 inches. I introduced the finest aspirating needle into the posterior fontanelle on the right side, and drew off 15 ounces of a perfectly clear colorless fluid, of a specific gravity of 1,008, with a mere trace of albumen; the child bore the aspiration well, remaining in a gentle sleep while most of the water was being withdrawn; the head was strapped.

Nov. 7. Occipito-frontal circumference was 19 inches and the occipito-bregmatic  $17\frac{1}{2}$  inches; the straps were removed as they inflamed the skin.

Nov. 9. Drew off  $13\frac{1}{2}$  ounces of blood-colored serum, evidently the effect of the first puncture; the occipito-frontal circumference before aspiration was  $19\frac{1}{2}$  inches, after aspiration  $17\frac{1}{2}$  inches.

Nov. 18. Occipito-frontal circumference 20 inches; drew off 10 ounces of an amber-colored fluid, specific gravity 1,010; increase in the albumen; occipito-frontal circumference after withdrawal  $17\frac{1}{2}$  inches.

Nov. 24. Occipito-frontal circumference  $19\frac{1}{2}$  inches, drew off 10 ounces of straw-colored serum; specific gravity 1,010; albumen the same.

Dec. 2. Drew off 7 ounces of straw-colored serum; specific gravity 1,008; some leakage from the puncture; albumen the same.

Dec. 6. Occipito-frontal circumference  $19\frac{1}{2}$  inches; drew off  $8\frac{1}{2}$  ounces of a cloudy fluid; specific gravity 1,008; albumen increased,  $\frac{1}{2}$  the test tube on settling.

Dec. 12. Drew off 10 ounces of a straw-colored fluid.

Dec. 17. Drew off 7 ounces.

Dec. 25. Drew off  $8\frac{1}{2}$  ounces; specific gravity 1,010, loaded with albumen. There was a perceptible decrease in the amount of fluid, the child's general condition improved; seemed brighter, nursed well; the head had not increased in size since the beginning of the treatment; ossification of the cranial bones had advanced rapidly; the occipital bone which, in the beginning, consisted of several islets of bone in a membrane, had united, and the posterior fontanelle was very small; the anterior fontanelle was also much smaller.

Dec. 28. The head filled up again, and the intra-cranial pressure was evidenced by great restlessness and insomnia; drew off 6 ounces of a turbid fluid, specific gravity 1,010,  $1\frac{1}{2}$  albumen; following the aspiration the child had two slight spasms, fever, and jactitation of the limbs.

Jan. 3. The child improved, though the fluid reformed; drew off  $8\frac{1}{2}$  ounces of a turbid fluid, highly albuminous, with a settling of considerable débris on standing.

Jan. 11. There was a marked decrease in the

amount of fluid; drew off but  $4\frac{1}{2}$  ounces; the child vomited a good deal, and the bowels were loose.

Feb. 1. Drew off 6 ounces of a clear greenish fluid, specific gravity 1.012, highly albuminous, and with considerable epithelial debris.

Feb. 17. Drew off 6 ounces; specific gravity 10.18 and with a trace of fibrin. After this withdrawal the cranial bones remained overlapped; there was no further accumulation of fluid; the child had patches of eczema scattered over its body, especially on the nates; the skull was hard and unyielding and the fontanelles almost obliterated.

March 12. The child passed into a stupor and refused to nurse; there was no reaccumulation of fluid; the cranial bone remained overlapped, and formed prominent ridges, and the posterior fontanelle was entirely obliterated; the occipito-frontal circumference measured  $17\frac{1}{2}$  inches; the needle introduced into the anterior fontanelle failed to draw off any fluid.

March 26. The child became weaker and died quietly; no post-mortem obtained.

From the beginning of the treatment the case was put upon cod liver oil and the symptoms treated as they arose. Aconite, belladonna, china, arsenic and bismuth and pepsin were prescribed at various times; opium in the shape of paregoric was given occasionally in small doses, which acted well; at the time of death the body was fairly nourished.

Here was a marked case of congenital hydrocephalus of the severest type, living just 200 days, during which time 113 ounces of fluid were withdrawn at intervals, or a little over seven pints. The aspiration seemed to give little or no pain or discomfort. After the first puncture, when  $13\frac{1}{2}$  ounces were withdrawn, considerable fever came on, with twitching of the limbs; but they quickly subsided, and I was careful not to draw off so much again. After the fluid reaccumulated the child gave evidence of the cerebral compression by insomnia, restlessness and slight twitching of the limbs, all of which quickly left after the withdrawal of the fluid.

A careful questioning and examination failed to show syphilis or drink on either side as throwing any light on the etiology; the parents were both healthy, and during her pregnancy the mother had nothing out of the way; the child was rachitic.

Though the treatment failed to save the child, its life was evidently prolonged, and the aspiration favored a reduction in the amount of the fluid, and without doubt, for a month before death, the fluid had entirely ceased to accumulate.

Chronic hydrocephalus, though a convenient

term, is but a symptom of various pathological conditions dependent upon as various causes. Until quite recently an inflammation of the ependyma has been regarded as the local condition present, but recent investigation points to the choroid plexus as the parts at fault; certainly their greater physiological importance should favor this latter view, and the changes in the ependyma found post-mortem must be rather a result than a cause of the increased effusion into the ventricles. The more difficult question of etiology has not been cleared up. Recent research in Germany has brought out more fully the potent influence of inherited syphilis, rickets and alcoholism in the parents, and yet we meet with cases where these factors can be thrown out, and we must look to other causes exciting and predisposing. It sometimes occurs in the domestic animals, though of course much more rarely than in man. I once had the opportunity of carefully dissecting the hydrocephalic head of a colt, where the flattened ganglia at the base and the almost membranous cerebral hemispheres were an exact counterpart of the condition as it occurs in the child.

During foetal life the proportion of intraventricular fluid is greater than in post-partum life, and the condition may be an exaggerated and retained foetal state, a reversion to a foetal or inferior type. Traumatism is certainly a cause in some cases; probably a rupture of the fine vessels in the plexus may be a beginning from the irritation of the effused blood. It has been a surprise to me that I have not found the disease more frequently among the colored, who are highly scrofulous, but in a practice of eight years among them I can recall but one case.

Whatever the exact pathology and etiology may be, the disease, when once established, is a striking one and easily recognized. The prognosis has always been regarded as well-nigh hopeless, and the physician has contented himself with a purely palliative treatment, giving neither himself nor those interested the slightest hope of any permanent cure.

The treatment by aspiration is spoken of by the authorities as wholly palliative, and by many its use is deprecated.

The last quarter of the century has witnessed many triumphs in medicine and surgery, and diseases once regarded as incurable are giving us brilliant cures under modern methods, witness abdominal and brain surgery; the former owes its success to antiseptics, the latter to brain-localization. In the removal of cerebral tumors enough already has been accomplished to show



the truth of cerebral localization—Brown-Sequard to the contrary notwithstanding—and the great strides made in technique. Can we not reasonably look to an improvement in our treatment of hydrocephalus?

The removal of effusions from the various cavities is a recognized procedure, always beneficial and sometimes curative in itself. The physician who has many cases of pleuritic effusion cannot fail to realize the great benefit of aspiration; even in the simple hydrophs thoracis attendant on renal and cardiac disease the patient is relieved of much suffering from a timely withdrawal of the fluid. I have had a unique case recently of cirrhotic liver and marked ascites when, after five tapings, drawing off at each time a pailful of fluid, it ceased to reform, and the patient got up and went about for a year. I came to the conclusion that I had made a mistake in diagnosis, when after a year's respite the ascites returned and the patient died shortly after another tapping. A post-mortem showed a most marked case of hob-nail liver. The patient was a young negro aged 25 years, who denied positively any alcoholism. A year's palliation is well worthy of consideration.

The very high mortality of hydrocephalus has paralyzed any endeavor to cure the disease, and physicians have been content to fold their arms and shake their heads and wait for the end. Even when the fluid is withdrawn it is not deemed necessary to attend to those details which are so essential to success in any operative undertaking. J. Lewis Smith, in his "Diseases of Children," records a case where six tapings were done with a hydrocele trocar and the case finally abandoned. Ten years ago I saw a well-known Philadelphia surgeon thrust an ordinary trocar into the brain for the relief of great serous effusion. Today we have well-constructed aspirators furnished with fine needles, whose introduction under proper antiseptic precautions can do no harm, and the physician is derelict who does not avail himself of them.

There have been recorded spontaneous cures in cases of undoubted congenital hydrocephalus, although this must be of rare occurrence. It is not hard to conceive that under good conditions, a fair resistive power on the part of the child, congenital hydrocephalus may be a self-limited disease, and that as the child grows older and his general condition is strengthened by the remedies at our command, the disease may be overcome, and the child grow up with fair mental parts. To this end aspiration, under antiseptic precautions and perseverance, must accomplish

much. It will prevent those secondary changes in the brain consequent upon the intraventricular pressure, and aid by such remedies as suit each particular case, give the child the best possible chance to overcome the disease.

In the "Verhandlung des Congresses fur Innere Medicin, Weisbaden, 1886,"\* I have been gratified to find an essay by Dr. Heinr. Rehn (Frankfurt a. M.) "On Simple Chronic Hydrocephalus in Early Infancy" ("Euber Einfache Chronische Hydrocephalie im Ersten Kindesalter"), in which the author argues strongly for the use of the aspirator in the treatment of hydrocephalus, and the curability of the milder forms of the disease. He treats only of cases of intermeningeal or ventricular hydrophs which develop or are only recognized as such some time after birth, whether they develop to the highest grade form or remain within moderate limits. His observations cover eight cases, of which three are classed as the highest grade, two as high grade and three as medium or lesser grade.

As to the etiology, he noticed that in three cases the parents were healthy, that in one case still living, the father was a pronounced drinker, and in another the mother was suspected of pulmonary tuberculosis, as the child showed an infiltration of the right apex, and that in three cases the state of the health of the parents could not be ascertained. None of the brothers and sisters of these children had hydrocephalus. In four cases there was marked rachitis, and in one there was inherited syphilis.

As to the treatment, the five high-grade cases were treated by aspiration in conjunction with the best possible nourishment, iodide of iron and cod liver oil. In one child so treated the small fontanelle was punctured on the side; only some teaspoonfuls of a fluid as clear as water were evacuated, while the trickling of fluid after the puncture continued two or three days. Two aspirations sufficed. In the second child, living apparently well for three and a half years, six punctures were made, alternating from one ventricle to the other, and drawing off each time from 60 to 120 ccm. of fluid. The want of communication between the two lateral ventricles was shown by the sinking in of the half of the skull corresponding to the punctured ventricle. In the three other fatal cases the aspiration of the ventricles as a palliative was treated five or six times as symptoms of cerebral compression arose. The

\* Verhandlungen des Congresses fur Innere Medicin. Funfter Congress gehalten zu Wiesbaden, vom 14-17. April, 1886. Im Auftrage des Congresses herausgegeben von Dr. E. Leyden und Dr. Emil Pfeiffer. Weisbaden, 1886, pp. 489-498.

three children still under observation were being treated symptomatically, without aspiration up to the time of writing; they received in the meantime cod liver oil, and were well nourished.

The results of treatment were as follows: The three children affected with the highest grade of disease died after six to eight weeks of treatment, two of them from simple weakness and without pain. Of the two remaining, affected with the high-grade form of the disease, one recovered and still lives, aged thirteen years, and is almost, if not fully, developed physically and mentally. The other, with marked hydrops of the lateral ventricles, recovered apparently completely after six punctures, developed well mentally, and remained only somewhat backward physically by reason of the marked rachitis. He reached four and a half years, when he unfortunately died of suffocative bronchitis. The three others affected with a milder grade of the disease are still living, after about six weeks of treatment; two of them justify a hope of recovery without any impairment in the physical or mental development.

In the one autopsy obtained there was found a chronic inflammation of the *velum chorioides* and *plexus chorioides*, a *chorioiditis chronica hyperplastica*.

The author sums up his treatment in the following paragraph:

"For all high-grade cases I regard the evacuation of the effusion by puncture as indispensable. It is the only true palliative for the highest grade cases, almost always hopeless, and is to be placed in the front rank in the treatment of all high-grade forms, for it alone overcomes, quickly and surely, the symptoms of cerebral compression, places the transudation or exudation in favorable conditions for absorption, and first renders possible the good effects of a symptomatic therapeutics. The indication for the use of aspiration is the appearance of symptoms of cerebral compression, which gradually increase from loss of appetite, restlessness and sleeplessness up to repeated vomitings and convulsions. The appearance of the latter should always be anticipated."

Aspiration of the ventricles is a simple operation; the instrument makers offer several simplified modifications of the original Dieulafoy's aspirator, which answer all purposes. A clean scalp and needle with an easily working instrument complete the arrangements. The selection of the site of puncture must depend upon the point of freest fluctuation, with all due regard, of course, to the avoidance of the cerebral sinuses and important blood vessel. In my own case I found the lambdoidal suture and posterior fon-

tanelle the best site for the puncture. Rehn, in his paper above mentioned, advises the coronary suture some centimetres from the middle line. Any strapping of the head after the evacuation must be deprecated. In our wish to prevent thereby a reaccumulation of the fluid we may encourage cerebral compression, the very condition we are trying to avoid; and further the straps almost invariably produce excoriations and inflammations in a skin unusually sensitive. The recurrent bandage of the head known as the capeline is the best; a simple handkerchief folded into a triangle and tied behind I found to answer every purpose. With the finest needle furnished the aspirator little or no leakage follows the puncture, though I believe that a gentle leakage proves beneficial rather than otherwise. A pad of absorbent cotton easily prevents any soiling of the bandage. When quickly done the pain is very slight. In my own case the first puncture was made while the child slept, and the child did not wake up until most of the fluid was withdrawn. The amount to be withdrawn must depend upon the case. In the first puncture I drew off too much fluid, and violent reactionary symptoms developed, such as high fever and convulsive twitchings. It is easy to understand that a too free or too rapid evacuation may lead to cerebral congestion and death, the blood vessels rapidly filling after removing the pressure exerted upon them by the ventricular effusion.

As Rehn well says, a judicious evacuation of the fluid puts the case in the best possible way for the use of whatever remedies we may have at our command. Certainly analogy and the results already attained should encourage physicians to persevere in these cases, and I have no doubt that the future will show a more hopeful state of affairs in the treatment of this disease.

#### DISEASES OF THE NOSE AND THROAT.

By T. M. S.

**Nasal Reflexes as a Cause of Diseases of the Eye.**—Cheatham (*Jour. of Laryn.*) reports a case of hypermetropia in a woman of 45 years of age, which was cured by removal of nasal polypi and the reduction of engorged nasal mucous membrane.

A second case was one of myopic astigmatism, corrected by glasses, in which the patient was unable to study by reason of pain in the eyes. Acute coryza, deflected septum and engorged inferior turbinated bone, plugged the left side. The right side was also plugged by engorgement of the inferior turbinated. Reduction of these by the galvano cautery and chromic acid enabled the patient to return to his studies.

A third case was one of pain in the left eye, and both

nares filled with polypi, especially the left side. Removal of the latter cured all the trouble.

The author frequently meets with conjunctivitis and keratitis which do not yield to treatment until existing nasal conditions are removed. Cases of glaucoma relieved by stretching the nasal branch of the fifth nerve are due, he thinks, to chronic nasal disease. He has seen two cases of acute conjunctivitis the result of teething. He believes that many cases of asthenopia will be cured by treatment directed to the nose.

**Etiology of Deflections of Nasal Septum.**—Delavan (*Jour. Laryn. and Rhin.*), in describing the influences of race, says that he found:

1. That with many European races deflections of the septum are of common occurrence, 50 per cent. of all specimens showing a greater or less degree of deviation.

2. That of the different nationalities of Europe, at the present day, the highest proportion of deformed septa is found among the Slavonic and Hebrew races. Thus the skulls of Russians, Bohemians, Poles and Hungarians are more apt to show deflected septa than those of the Germanic, Celtic or Norman types.

3. In the Anthropological section of the Peabody Museum, Cambridge, there are eighteen well-preserved specimens of skulls, taken from the ancient Roman times. Among these there is hardly a single instance in which the septum is straight, while in seven the degree of deflection is excessive and far beyond that usually seen. Thus the aquiline type of nose, as illustrated in the Slavonic, Hebrew and ancient Roman races, is particularly apt to be associated with deflection; and, on the other hand, the type found to be freest, by the author, from deflected septa is the American Indian, in whom the aquiline nose is characteristic.

**Poisoning from Cocaine.**—McSherry (*Maryland Med. Jour.*) reports three cases. The first one was a strong-looking man of 40 years of age, being treated for nasal polypus. Pledgets of cotton saturated with a five per cent. solution was introduced. Soon after the patient complained of constriction in the throat, became very pale and commenced to gasp for breath. He was seen about ten minutes later. There was stridulous breathing, pallid, anxious countenance, twitching of the muscles of the body and a frequent clutching at the throat—all symptoms of great nervous excitement and alarming laryngeal spasm. Nitrite of amyl, three pearls of five drops each, relieved.

2. A young lady of 20 years had a small quantity of a four per cent. solution sprayed into the larynx, before applying the galvano cautery to a small laryngeal excrescence. Immediately after her face and lips became pallid and she appeared about to faint. She seemed to have almost lost the control of the motion of her tongue, speech being very indistinct. Complained of feeling a large lump in the throat, and that her lips were numb. This was tested and found to be true, although the spray had not touched them. When leaving the office she still spoke with a "thick" tongue, which continued for ten hours, and for twenty-four hours there was violent headache and sick stomach.

3. This case was under treatment for naso-pharyngitis, when an acute coryza developed with puffiness of the nasal mucous membrane. A four per cent. solution of cocaine was applied with cotton. Shortly afterwards her face and lips became very pale, and she said she was going to faint. Pulse rapid and small. As she was falling she was caught and laid down. Syncope was extreme, pulse gone, respira-

tion not perceptible, and the face had the pallor of death. Ice water, rubbing hands and body, ammonia and other agents used without relief for ten minutes, when she gave a gasp for breath. The patient vomited repeatedly for an hour afterwards, and for two days was confined to the house with headache and sick stomach. The following are also quoted:

Ziem, of Dantzic, records seventeen cases in which toxic effects occurred simply through the instillation of the drug into the eye, in which the amount of the drug reaching the general system must have been very small.

Mayerhausen reports that less than one per cent.—so diluted was the solution by the copious tears—caused an attack of nausea, constriction of the throat, weakness of the tongue, impaired speech and other severe symptoms lasting 24 hours.

Schilling reports a case of poisoning after the injection of two gts. of a 20 per cent. solution into the gums, when motion and sensation entirely disappeared.

Mattison reports cases from forty authors. In four cases death resulted. The amount of drug used varied from the fraction of a grain to twenty-four grains, and was applied to different portions of the body. This writer noted the following symptoms: Nausea, headache, vomiting, lividity, deafness, blindness, loss of taste and smell, profuse sweating, which was often cold, and gastric cramps; frequent, irregular, feeble, intermittent, uncountable pulse; gasping, irregular, difficult, convulsive, suspended breathing, artificial respiration required in some cases; speech and swallowing greatly impaired; rigid muscles, palpitation, sense of suffocation, and great constriction of the chest. Loss of motion and sensation in arms and legs. Extreme prostration, vertigo, intense restlessness, faintness, feeling of impending death, hallucinations, many delusions, delirium, death.

Dujardin-Beaumez recommends that the circulation of patients who are anæmic, with supposed cardiac and aortic disorders, and liable to syncope, should be carefully watched. He refers to the internal administration, but it will also apply to the local use.

Fox (*Med. Reg.*) reports the case of a lady, middle aged and stout, but otherwise healthy, who was given cocaine spray, 2 per cent., for irritable wind-pipe and cough. The solution was made elsewhere, and there was some doubt as to the strength actually used. Spray used freely for the first time at 5 p. m., for one-quarter of an hour. This was followed by coldness, numbness of the tongue, weakness of the lower limbs with staggering, mental distress and great depression from the very first. Her husband stated that she was unconscious before 9 p. m., and remained so more or less until 2 a. m. She said, however, that she had glimmerings of consciousness most of this time, although she could not articulate. She thought there were strange objects in the room, and she feared lest any one should speak to her. Great prostration followed, and it was some weeks before she regained her usual strength.

**Herpetic Tonsillitis.**—(Van Deusen, *Hah. Month.*) This is an inflammation of the tonsils, participated in also by the mucous membrane of the pharynx, and attended by an eruption of herpes covering the lacunæ of the tonsils, and sometimes coalescing or even extending to the half arches and palate. The disease seems to have a contagious character. It is characterized by a sudden onset, with chilliness, flushing, nausea, vomiting, dizziness, headache, or nervous depression, with sense of impending evil and weeping, any or all of these symptoms, and more con-



stantly pain in the back and limbs, and still more so, pain and stiffness in the back of the neck. A sudden elevation of temperature soon succeeds, rarely going above 103° F. The mucous membrane of the pharynx becomes of a rather deep red color, and the tonsils are slightly enlarged, one always more than the other. Blisters then appear on the most affected tonsil, but they are not often seen, because they remain only a few hours, and are succeeded by membranous appearing patches. The fever subsides with the appearance of the patches, and although the pharyngeal and tonsillar inflammation continue, together with exquisite pain on swallowing, and a swelling of the tongue and profuse salivation, &c., the temperature does not again materially increase. Acon. is indicated in the beginning when there is fever, rapid pulse, restlessness, anxiety and thirst.

Apis is to be given in the beginning when there is fever, nervous depression, tearfulness, pain in the back and limbs and back of the neck, and little, if any, thirst. Often given with benefit after the failure of remedies which seemed more clearly indicated.

Merc. iod. rub. when the salivary and lymphatic glands about the angle of the jaw are implicated, and there is an ulcerated condition of any part of the mucous membrane of the mouth or throat.

Merc. corr. in cases attended by swelling of the tongue, with great salivation and entire inability to swallow. Apis is also useful here.

For the swelling of the parotid gland, which sometimes follows these cases, calc. carb., merc. and hepar sulph. were used.

**Nasal Stenosis and Deafness.**—(Strickler, *Min. Med. Month.*) A young girl fifteen years of age had dullness of hearing in left ear, of many months' standing. Examination revealed sunken drumhead; hears watch four inches. Improved by inflation, which was done with some difficulty (Politzer); bone conduction better than air. Catarrhal condition of post-nasal space, with marked nasal stenosis of left side, due to a cartilaginous growth from the septum. This growth was removed with a Bosworth's saw, leaving free breathing space. Improvement followed, and nine weeks after the operation the hearing was thirty inches in both ears and voice well. Besides removing the growth, the treatment consisted in the use of the Politzer air-bag once a week, and kali mur. 3x. This case is reported as representative of a class in which the nasal symptoms are too frequently neglected by the general practitioner.

**Caustics in the Nasal Cavities.**—(Bosworth, *N. Y. Med. Jour.*) He has never seen cicatrices follow the use of caustics properly applied, nor can it be otherwise, since their action should be confined to the epithelial layer of the mucous membrane, whereas cicatrization could only result from injury to the tissues composed largely of connective tissue, namely, the mucosa or submucous layer. He thinks the cauterization cures these disorders when hyperemia or hypertrophy are the only morbid conditions to be treated. In those cases of moist "catarrh," which are the result of a deformity of the septum or of glandular hypertrophy at the vault of the pharynx, other measures are demanded.

**Adenoid Vegetations in Children.**—Hooper (*Boston Med. and Surgical Jour.*) calls attention to the necessity of a careful examination of the naso-pharyngeal region in children, who are frequently discharged with the not very definite diagnosis of "catarrh," "snuffles," "winter

cough," and so forth, and recommends that these growths when discovered should be thoroughly removed. This he does under ether, and with the forceps and finger nail thoroughly removes by evulsion or scraping. Complete recovery follows the operation, and the stupid child becomes the bright and interesting one.

Dr. Blake, in the same journal, calls attention to the relation of these growth in the production of middle ear disease in children. The symptoms are such as result from interference with the normal ventilation and nutrition of the middle ear tract, and are more or less permanent, according to the duration and size of the adenoid growths.

**Influence of Nasal Disease on the Thyroid Gland.**—Fränkel (*Med. Reg.*) had a patient, a young man aged 17 years, with an enlarged thyroid and with a murmur on auscultation, and a pulse of 120, but no exophthalmos. During treatment with the constant current the lad complained of nasal obstruction; and without reference to other symptoms the left inferior turbinated bone was removed with the galvano cautery. Within a few days the thyroid gland rapidly diminished and the pulse became slower. After waiting three weeks, during which time the symptoms were stationary, in spite of the constant current, the right side of the nose was operated on as above four days before the case was reported. During these four days the enlargement had again undergone a rapid diminution, and the pulse had become normal. The thyroid had diminished by certainly a fifth of its bulk. Hack, in 1886, reported the complete cure of a case of Basedow's disease by treatment directed to the nose. Although this case could not fairly be called Basedow's disease, because both exophthalmos and v. Graefe's symptom, "defective movement of the upper lid with the globe," were absent, it certainly showed, Prof. F. thought, the influence of nasal irritation upon thyroid enlargement.

**Premonitory Symptoms of Phthisis.**—(Serrand, *Med. Reg.*) 1. Pharyngeal anemia; the pharynx is pale-white, discolored, in place of having its normal color.

2. Impaired action of the inferior vocal cords, through atony of the constrictors.

3. Local congestion of the arytenoids and interarytenoid mucous membrane, manifesting itself in swelling and a cherry-red inflammation of that locality.

Pharyngeal anemia, impairment of the vocal cords and congestion of the arytenoid region, symptoms, which have nothing in common with laryngeal disease, are the heralds of pulmonary consumption. The physician who knows how to read the larynx of his patient can avoid a great many missteps, for forewarned of the danger ahead, he can institute a prophylactic treatment and arrest the disease in its first stage.

**Tobacco and Sunstroke.**—In an article on the use and abuse of tobacco, by Dr. A. De Noë Walker, in the *Homoëopathic World*, the following passage occurs: Respecting the therapeutic value of tobacco, I have at least one important fact to commend and to recommend. As a prophylactic against isolation or sunstroke it is absolutely specific. Whether the subject be a smoker or not, a cigar or pipe will in a few minutes dispel all premonitory symptoms of sunstroke, or prove a certain prophylactic. If a man is struck down by sunstroke, then glonoin or belladonna must not be overlooked. But such cases are always more or less accompanied by danger, and if the patient survives it is seldom that he can get rid of some permanently direful effects.

## RETROSPECTIVE THERAPEUTICS.

**Education of the Future.**—Its characteristics are: The recognition of the fact that there is very little in the world worth knowing; most that passes for knowledge is but varied expressions of ignorance. A recognition of the fact that out of all real knowledge but a trifle, an infinitesimal portion is to be required of any one individual. The recognition of the fact that not knowledge but the power to acquire and use knowledge is the supreme need. The recognition of the fact that very much knowledge that may be acquired is for temporary use only, to be laid aside when the occasion for its use is past.—*Beard.*

**Glycerine in Obstinate Constipation.**—Dr. Dittman, of Holland, sells a patent medicine which he calls "Purgative," consisting of a small bottle containing a greenish fluid of an intense odor of mice, and a very small tin syringe. He claims that one and a half to two grains of it, injected into the anus, produce in a very short time a satisfactory, painless and copious stool, and the greater part of the injection passes away with the stool. All that is felt after stool is a very slight irritation in the anus, which passes off in about fifteen minutes. Dr. Anaker examined the contents of the bottle, and found it to contain glycerine, a trifle of extract conii, and a sodium salt. The two latter ingredients (the *Wien. Med. Presse* says) are unnecessary, as experiments on patients proved that all that is needed is such a small injection of glycerine in the morning, and the patient gets thus radically cured of the most obstinate constipation.

**Electricity as a Pain Killer.**—Dr. F. T. Paine (*Daniel's Med. Journal*) writes: "I had an opportunity yesterday to establish to my satisfaction a theory I have long entertained, viz., that impressions made upon the peripheral terminations of the different nerves by the faradic current are entirely different, diametrically opposite—they are the antitheses, the antipodes, so to speak, the antagonists and the antidote to all painful impressions made by any other means whatever.

"My daughter, while preparing breakfast, scalded her wrist so as to take off the epidermis. The only application was the faradic current, through a water bath, powerful enough to contract the muscles most violently, and the pain of the burn was instantly relieved, her cooking was resumed, and the breakfast was delayed only thirty minutes. It is now thirty-six hours since the scald, and, although the skin is removed, she has not had a moment's pain."

The interest is not in this single case, but in the rationale. How was the pain relieved by what Erb calls "the *par excellence*?"

**Ephedrin.**—This name has been applied to a new mydriatic discovered by Professor Nagoi, of Tokio. It is obtained from *Ephedra vulgaris*, Rich, variety *helvetica*. It is cheaper than atropine, is said to have no constitutional effects, and does not paralyze accommodation, or only a little.

**A Cure for Wrinkles.**—Wool-fat, or agnine, is made from the wool of sheep, by steeping the clippings in hot alcohol. By this process a yellow grease is precipitated, chemically identical with an element found in the human oils and in certain vegetables, such as pears and beans. This grease has recently been found to have one very peculiar property, which was accidentally discovered by Dr. Morton Prince, of Boston. When applied with rubbing it passes directly through the skin, and in this way acts as a nutrient to the fatty tissues beneath. Thus it has the effect of smoothing out the wrinkles produced by the attenuation of these tissues which comes with age. An

antiquated lady has nearly removed from her temples the unwelcome footprints of a thousand figurative crows by six weeks use of it. Dr. Prince has also used it with success in other cases, and it has created quite a sensation in Boston.

**Alcohol in Prescriptions.**—Nothing (writes Dr. D. P. Jackson in the *Med. World*) is more unscientific and unprofessional than the prevalent methods of prescribing alcoholic beverages as medicines. It is exactly parallel with prescribing secret nostrums. The physician who prescribes a wine or beer or liquor is prescribing something of the composition of which he is ignorant. It has been taught, and I once believed, that alcohol would not agree so well with delicate stomachs; but I find this to be a mistake. I use the following formula:

B	Tinct. aurantii.....	f 3 j
	Glycerini.....	f 3 j
	Caramel.....	q. s.
	Alcohol.....	f 3 vii!
	Aquæ.....	ad Oj

And I do not believe any twenty-five dollar brandy excels this mixture in fineness of flavor, while the cost of the ingredients is only about thirty cents a pint.

It is high time the profession was aroused to a realization of the unscientific and antiquated character of our methods of administering the medicine alcohol. It is our subservency to popular notions that has kept us in bonds thus long.

**Eucalyptus in Whooping Cough.**—Dr. Witthauer, in *Zeitschrift fuer Therapie*, recommends that for whooping cough a small pouch attached to a string be worn around the neck next to the skin, so that the lower part will rest upon the breastbone. The pouch, which is open at the top, is to contain a piece of absorbent cotton, on which ten drops of eucalyptus oil are to be placed every morning. The idea is to surround the patient with an atmosphere of eucalyptus. He also recommends the internal administration every three hours of equal parts of tincture of eucalyptus and glycerine in five to twenty drop doses, according to age. This treatment has also been successful in bronchial catarrh and affections of the respiratory organs generally.

**Lobelia in Asthma.**—Dr. J. S. Prettyman, Jr., of Milford, Del., writes to the *Medical Record*: "The result of this isolated case of asthma accords with my past experience in the use of lobelia as a remedy. On April 15th I was called to visit G. W., aged seventy. Found him exceedingly nervous, supposing himself to be dying. His heart was depressed, and he was struggling for breath, with the sweat rolling from his person. I diagnosed spasmodic asthma, and ordered half an ounce of compound tincture of lobelia in half a glass of hot water. There was no occasion for repeating the dose, as he was entirely relieved in fifteen minutes, and slept the rest of the night without recurrence of attack. During his course of lectures, four years ago, at the University of Pennsylvania, Dr. H. C. Wood said that this drug (lobelia) was more dangerous than veratrum viride, and advised against its use. To indicate the absurdity of his position, before retiring that night I swallowed and retained half an ounce of the simple tincture in presence of several of my classmates. I slept well, and in the morning was in my usual good health. I have frequently used this drug, not only in asthma, but in almost every form of inflammatory and febrile disease, and have yet to meet with a single case of the so-called alarming symptoms."

# The New York Medical Times.

A MONTHLY JOURNAL

OF

MEDICINE, SURGERY, AND COLLATERAL SCIENCES.

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Business Communications should be addressed, "Publishers, 526 Fifth Ave.," and Checks, etc., made payable to THE NEW YORK MEDICAL TIMES.

Published on the First of each month.

OFFICE, 526 FIFTH AVENUE, NEW YORK.

Benj. Lillard, Advertising Manager, 72 William Street, New York. Communications in regard to this department should be addressed as above.

NEW YORK, JUNE, 1888.

## CITY REFORM.

IT IS much easier to start right in the laying out of a town, which may grow into a large city than to correct errors to which we have so long adapted ourselves as to be scarcely conscious of the inconvenience and the mortality they inflict. What might be of little consequence in a small village becomes a mighty evil in a densely populated city, but an evil which requires almost herculean efforts to remove. If, even as late as when the Croton water was first introduced into the city a plan had been adopted for building under the great central thoroughfares a gallery such as is now contemplated in connection with the arcade road, sufficiently large to include the water mains, the sewage, the gas pipes and anything else which might be necessary to put under ground, and which would now include electric wires, we might have the cleanest and best regulated city in the world, with a death rate lower than in any of the large cities. The contrast between what New York is and what it might be with its facilities for ample drainage, with the ebbing and flowing tides all around, is too marked to contemplate without a feeling of just indignation. The vital statistics of London for 1886 and of New York for 1887 give a death rate for London, a city older by centuries than New York, of

20 in every 1000 persons, while the death rate in New York is 26 to the 1000. The six per cent. excess of mortality in New York is due principally to diseases of children, the most common and fatal of which are diphtheria and summer diarrhœa, both of which are to a great extent preventive diseases, and may in a great measure be considered the result of defective sanitation. The question comes home to every father and mother, who turn pale and tremble at the name of diphtheria, to the thousands whose children are reared in the close and stifling air of tenement houses and filthy streets, Why is it that this metropolis of the western world, where the land slopes from the central line to great tidal streams on either side, containing so much of wealth and energy, of culture and refinement, the financial and distributing centre of a nation of sixty millions of people, so little is done to remove the great causes of preventive diseases and guard against the ravages of the pestilence. The great reason is because the city is governed by politicians in the interest of individuals and great political parties, while the real practical interests are overlooked and neglected. This is the reason why there is not one decently paved or cleaned street in all New York over which an invalid can ride with any comfort. This is the reason why we average sixteen persons to a dwelling, while in London there are but seven. The poor cannot afford to go out of the crowded city into the suburbs, because it costs too much time and money to go and come to their work, and therefore they are crowded in close and dark rooms, and see day after day their children drifting into crime or the grave.

Almost every public improvement in New York during the past half century has been obtained only after a sharp and often long continued contest with private individuals or public officials. Instead of leading in public improvements we are always behind the age. Towns and cities all over the country with not one-tenth of our population, or a hundredth part of our wealth, or one-half the natural advantages we possess, are ahead of us in all the elements of comfort, with better sewerage, cleaner and better paved streets, more satisfactory lighting and infinitely superior and



cheaper carriage accommodations. Capital in abundance is waiting to solve the problem of cheap and rapid transit, to open broad avenues under and over our rivers and above and under our streets with all the surrounding country, supplanting horse cars by cable roads and electric motors, but every step now as in the past has to be fought inch by inch, notwithstanding the terrible lessons meted out to bribed officials during the past year. While city officials wrangle and interested speculators block each other's path the fearful death rate goes on, and the long line of dead is ever passing to the crowded cemeteries.

However earnestly and honestly the political factions of the city may differ upon great national questions, there certainly can be but little difference of opinion in regard to measures of public benefit to the city. And if all parties could so far be brought to show their patriotism and pride of home as to unite in a determined effort for an efficient, pure and honest administration, in which science and good taste would be aided by a wise use of the public funds, in which every dollar expended would show practical results, we should soon have the most beautiful, economical and healthiest city in the world.

If anything will shame the great political parties of this city into honesty and a decent regard for the public good, it will be the disinterested and energetic labors of the women of the city, who do not need votes to influence public sentiment where the lives of their children and the beauty, health and purity of their homes are concerned. Those labors, especially the work of the Ladies' Health Protective Association, who recently held their annual meeting at Chickering Hall, show such an amount of good accomplished during the past year in correcting abuses and in influencing legislation that we are hopeful for the future. It is time some one entered the field with the pluck, the determination and the persistent untiring energy to crush out wrong and uphold right, to wipe out the stigma upon our city of being the most expensive and worst governed city in the civilized world, and as the men have utterly failed, we say to the women who have

taken hold of the work: God speed you and give you a complete and entire victory.

#### A NEW SYSTEM OF PRACTICE.

THE Dosimetric system, with its elements of therapeutics and practice, may justly be termed a new system, when we compare its dosage and other methods with the old. This system, which has become so popular abroad—there being over three thousand practitioners—and to some extent in this country, owes its existence to Dr. Burggraeve, of Belgium, and Dr. D'Oliveira Castro has given us an extensive volume on the subject, which Appleton & Co., of this city, have published. This new system of treatment is described as the medicine of small doses, mathematically measured, in the form of granules, and invariable in chemical composition, for the most part consisting of the crystallized alkaloids.

Dr. Burggraeve claims to have reduced the mortality in his surgical cases in the hospital at Ghent to two and one-half to five per cent., where Listerism only brought it down to fifteen to twenty per cent. This is a most important statement, and induces us to enquire the *modus operandi*.

We find on investigation that he gave his patients "strychnine in small doses, repeated at short intervals, at the same time small doses of aconitine and veratrine."

He claims thus to have *discovered* a method to check fever, and to re-establish the circulation of blood. He says, encouraged by his success, he studied upon himself and others the effects of the different alkaloids which he thought suitable to introduce into therapeutics.

He does *not* say that he was led to his "discovery" by Hahnemann's methods introduced nearly one hundred years ago, but there is such a striking similarity in some of the views of the two men, that the question of originality insists upon being considered. Let us quote.

Burggraeve says: "In each disease he distinguishes two periods—the first dynamic, presenting only functional disturbance; the second organic, accompanied by a change of tissue." In treatment he would "repeat the small doses until the desired effect is obtained, independently of the

quantity of medicine administered, thus doing away with the ideas of maxima and minima, which have been regarded as axioms, and which are as great hindrances to success as are the massive doses which are currently employed for certain drugs. Small doses facilitate the absorption of the medicine, and make it certain that the needed quantity shall not be exceeded. The disease may be considered as a resistance to the remedy, or a resistance of the human organism in a state of disease to the remedy. The dose should therefore be adapted to the morbid resistance. This adaptation cannot be known beforehand; the organism and the condition of the patient can alone indicate it."

He further says that there is "no danger of an imprudence by giving too much of the remedy, because he stops it or gives it less frequently when the useful effect he aims at begins to be accomplished; that is, a result which is sensible to the patient or appreciable by the physician." Prof. Laura says of the method, that "observation and experimentation are thus the two masters that never deceive. The experimental method has become the sovereign method in medicine." It is stated in the preface of the American edition of this work, that "there can be no exact treatment without an exact clinical knowledge and an exact remedy," a statement the truth of which has been well known to many for years, and was known by Hahnemann, but the important point is how to find out this *exactness* in order to apply it in practice. As we glance over the text of this method we not only see in it a great advance over the old polypharmacy, and an improvement in the mode of selecting drugs, but it comes far short of the very point we ought always to be looking for, viz., *individualization*, without which there can be no *exactness*.

Prof. Laura, who is excellent authority, says "that he is profoundly and seriously convinced this new dosimetric method is a grand progress in the science and art of medicine; that it restores to the physician an abiding faith in the curative powers of his art, while it spares him the dangers of an excessive treatment, and that it renders to suffering humanity services much superior to those of ordinary medicine."

### "SIDE SHOWS."

UNDER this heading a correspondent of the *Medical World* writes substantially as follows: It is highly important that physicians should cultivate all their faculties. A man who has acquired a knowledge of medicine and of nothing else cannot be a first-class doctor, because his mind is not symmetrically developed. He is narrow in his views and deficient in judgment. A physician should be a *man*, not a mere machine for practicing medicine. The brilliant record which physicians have made in the annals of general science, literature and statesmanship show that the profession is not a narrow one, although the mass of its followers fall far short of an ideal standard. There is one field of learning which is too little cultivated by physicians, although to them it is of great practical interest—that, namely, which is known as the science of sociology, including political economy. This has an important bearing on our profession, because the sociological conditions affecting physicians are changing, and changing for the worse, in the matters of compensation and social standing. The writer's studies have led him to the conclusion that it is the tendency of our present civilization to lessen the average compensation of physicians, and to detract from their importance in the community. As one of the grounds for this opinion he refers to the fact that where our civilization is most fully developed the compensation and social position of physicians are lowest, although in the same localities the standard of qualification which is applied to them is highest. The average compensation of physicians is lower in Germany than in England; lower in England than in the eastern part of the United States; lower in the Eastern States than in the Western. The subject is of practical interest because the forces which are driving society in this, for us, uncomfortable direction, can be counteracted by proper measures. Outside of the medical profession, sociological topics are attracting great attention, and physicians should wake up to the importance of the subject, and qualify themselves to wield the immense influence they may have in the settlement of the questions involved.

While examining this subject physicians must not forget that their interests are with the *masses*, because it is a law of political economy that the wages of the lowest class of unskilled labor constitute the standard which gauges the price paid for skilled labor, and as the wages of the lowest class of unskilled labor go up or down, so also will the wages of skilled labor and professional fees. Our pecuniary welfare is identified with the prosperity of the masses. Where the rich are *very rich and few*, and where, at the same time, the poor are *very poor and numerous*, there doctors fare the worst.

To ourselves there is no more fascinating class of studies than that above referred to, and we concur with the writer in commending it to our colleagues in search of an in-

tellectual, extra-professional "side shows," and also in his remark that their social science should not be derived at second hand from the newspapers, when the masters are so readily accessible. As Americans, we should first take up De Tocqueville, Carlyle, Ruskin, Emerson, Mill, Spencer, Henry George, who are leading authorities. Then there are Bagehot, Atkinson, Walker, Strong, and many others. Among historians, Hallam, Draper, Guizot, Macaulay, and Green. No one need be at a loss for material, and in this connection we take pleasure in quoting the correspondent's reference to John B. Alden, the well-known publisher, of this city, as "a gentleman who has done a great deal for men with a small bank account and a large appetite for good books."

**YELLOW FEVER GERM.**—A short time ago it was announced in the medical press that Frerie, of Brazil, and Carmona, of Mexico, had discovered the germ of yellow fever. The statement, if true, was so important that the President, under a special act of Congress, passed about a year ago, commissioned Dr. George M. Sternberg to proceed to Brazil and Mexico and make a careful investigation. Dr. Sternberg is a noted bacteriologist, and probably one of the best experts in germ poisons in the world. After careful investigation both in Rio de Janeiro and at Vera Cruz, in Mexico, he has come to the conclusion that no discovery of the germs of yellow fever has ever been made. The technique of both Freire and Carmona was so defective that no dependence whatever could be placed upon them. With constantly increasing facilities for investigation presented in our well equipped laboratories, it may be reasonably hoped that the day is not far distant when science will be enabled to disclose the etiology not only of yellow fever but of every form of pestilential disease.

**SACCHARIN.**—A writer in the *Scientific American* finds saccharin even better than sugar in sweetening lemon juice and cranberries in those cases where sugar is inadmissible. He combines one pound of glycerine with one drachm of saccharin and heats to solution. Of this two teaspoons are sufficient for one lemon and eight ounces of water and three teaspoons to four ounces of stewed cranberries. Chemists now prepare a tablet in which the saccharin is combined with a small amount of soda to render it per-

fectly soluble, one of which is equal to a teaspoon of sugar. To the diabetic they can readily take the place of sugar, which is forbidden.

## BIBLIOGRAPHICAL.

**THE TREATMENT OF HEMORRHOIDS BY INJECTIONS OF CARBOLIC ACID AND OTHER SUBSTANCES.** By Silas T. Yount, M. D., physician to St. Elizabeth's Hospital, Lafayette, Ind. Second edition, 1888; pp. 102, 12mo.

This little monograph will be of interest to those who practice the surgical treatment of hemorrhoids. The subject is concisely and practically treated, and gives explicit directions for the *modus operandi*.

**A REPERTORY OF GONORRHOEA, WITH THE CONCOMITANT SYMPTOMS OF THE GENITAL AND URINARY ORGANS.** Compiled by Samuel A. Kimball, M. D., I. H. A., Boston, Mass., 1888; pp. 53, 8vo.

The title of this little monograph sufficiently explains its scope. The work will be of service to the symptomatologist.

**A PRACTICAL TREATISE ON DISEASES OF THE SKIN.** For the use of students and practitioners. Second edition, thoroughly revised and enlarged. By James Nevins Hyde, A. M., M. D., Professor of Skin and Venereal Diseases Rush Medical College, Chicago; Dermatologist to the Michael Reese Hospital, Chicago, and one of the Physicians for Diseases of the Skin to the Presbyterian Hospital, Chicago. Philadelphia: Lea Brothers & Co., 188; pp. 576, 8vo, with illustrations.

This work may justly be termed a complete treatise on diseases of the skin, and is based upon the personal observation of the author upon more than ten thousand cases of cutaneous diseases.

The text is eminently practical, written as it is from a clinical standpoint, in the light of the most advanced views of pathology and treatment.

The work of revision has been most carefully done, and nearly one hundred pages of new matter added. Our readers will not fail to find in it a reliable and convenient hand-book.

**DIET IN RELATION TO AGE AND ACTIVITY.** By Sir H. Thompson, F. R. C. S. From the tenth English edition. Boston: Cupples & Hurd; 16mo; 50 cents.

A very readable and practical little monograph, well suited to laymen.

**PATHOGENETIC AND CLINICAL REPERTORY OF THE MOST PROMINENT SYMPTOMS OF THE HEAD, WITH THEIR CONCOMITANTS AND CONDITIONS.** By C. Neidhard, M. D., formerly Professor of Clinical Medicine in the Homœopathic Medical College of Pennsylvania, &c. Hahnemann Publishing House, 1888; pp. 188, 8vo.

The work before us is that of a veteran in the practice of medicine, and one whose experience of fifty years should enable him to verify symptomatology in a manner to be of great service to his juniors, and we have no doubt that a study of the book will bear out our most sanguine expectations.

We trust that the volume will find its way into the



library of a large number of physicians, and we have no doubt it will be found worthy of a place. The salient advantages of the book are as follows:

1. It furnishes us with the most essential head symptoms of the *materia medica*.
2. It gives the confirmation of these, as well as other symptoms, from the experience of an extensive practice covering a period of fifty years.
3. To these are added the concomitants in other parts of the body, produced by the same remedy, and the conditions under which these symptoms are aggravated or ameliorated. It is the author's experience that if the symptoms of the head are most similar to any remedy, this remedy is also most efficacious to the corresponding symptoms in other parts of the body.
4. The different parts of the head affected are divided and classified in different chapters for the purpose of affording easy reference to the student or practitioner. To all of them the concomitants and conditions are appended.

**ATLAS OF VENEREAL AND SKIN DISEASES**, with original text by Prince A. Morrow, A. M. M. D., Clinical Professor of Venereal Diseases, formerly Clinical Lecturer on Dermatology in the University of the City of New York, Surgeon to Charity Hospital, &c. Wm. Wood & Co., New York, 1888.

List of plates in fifth fasciculus: Annular Syphilide; Chance of Lip, with generalized pustular syphilide; Large Pustular Syphilide; Syphilis Cutanea Ulcerosa; Rupial Syphilide, &c. As the work progresses it bears out all we have previously said of it.

**THE GUIDING SYMPTOMS OF OUR MATERIA MEDICA**. By C. Hering, M. D.; Volume VI. Philadelphia: Published by the estate of Constantine Hering, 112 N. 12th St.; pp. 650. Hepar S. C.—Lachesis.

The present volume includes the "pet child" of the author, as the editors are pleased to term the Lachesis trigonocephalus, and it ought to be of great interest to those who use this drug. As there is now every probability that the work will be completed, no doubt the subscriptions will come in more rapidly than ever, and the heart of Mrs. Hering will be cheered and made to rejoice, as we sincerely hope. The work as a whole is the most practical and useful as "guiding symptoms of *materia medica*" of any extant, and is so arranged as to be easily studied as a hand-book.

*Lac caninum* and *lac vaccinum defloratum* may here be studied by such as desire to do so. From appearances it will require ten volumes to finish the work as begun.

**PHYSICIANS' LEISURE LIBRARY**. George S. Davis, publisher, Detroit. Issued monthly at \$2.50 a year, and twenty-five cents single number.

The publisher's idea is a very happy one of giving in clear type and on excellent paper, in volumes resembling in appearance the better series of novels issued monthly and now so popular, the productions of men of ripe thought and large experience in their different specialties. No. 7 is devoted to the modern treatment of pleurisy and pneumonia, by G. M. Garland, M. D. It is evidently the work of a scholar accustomed to think and analyze testimony before adopting. The eighth and ninth numbers, on infectious diseases, are from the pen of Karl Liebermeister, translated by E. P. Hurd, M. D. Prof. Liebermeister is a very strong adherent of the germ theory of disease,

and in his work on infectious diseases, from which this treatise is taken, the fruits of twenty-five years of earnest study and careful observation are given. The subscriber to this series gets in a year about fifteen hundred pages of medical literature by the best authors for two dollars and a half.

**PHOTOGRAPHIC ILLUSTRATIONS OF SKIN DISEASES**. Second Series. By George Henry Fox, A. M., M. D. E. B. Treat, 771 Broadway, publisher.

Five out of the twelve parts of this work have already been issued, and the remaining parts will be brought forward as rapidly as the care bestowed upon the plates will permit. Each part consists of four plates, comprising from six to ten cases printed from the original photographic negatives on heavy cardboard and colored by hand, and each plate is accompanied by four or more pages of text. Dr. Fox's reputation as a dermatologist is a sufficient guarantee for the excellence of the text, and the plates will speak for themselves.

**THE APPLIED ANATOMY OF THE NERVOUS SYSTEM**. By Ambrose L. Ranney, A. M., M. D. New York: D. Appleton & Co., 1888.

The second edition of Dr. Ranney's excellent work on the applied anatomy of the nervous system has been almost entirely rewritten, so that it includes the latest discoveries in the anatomy and physiology of the brain and the nervous system. A careful study of the anatomy and uses of nerve structure is of the utmost importance in the correct diagnosis of a host of diseases about which, without the information obtained in a work like this, we should be very much in the dark. By means of a very full table of contents the reader can turn at once to the action of every nerve and branch of nerve in health and the disturbance produced by it when diseased.

**SALIENT MATERIA MEDICA AND THERAPEUTICS**. By C. L. Cleveland, A. M., M. D. Hahnemann Publishing House, Philadelphia; 170 pp.

The author devotes the first hundred pages of his monograph to the salient characteristics of nearly two hundred remedies, followed by forty pages of discussion of "Hahnemann's Antipsoric Remedies," in which he mentions forty-seven drugs which he thinks clinical experience has shown to be particularly applicable to pathological states the outgrowth of dyscrasie. The monograph is very suggestive, and will be found a useful aid in the selection of remedies.

**THE LANGUAGE OF MEDICINE**. A manual giving the origin, etymology, pronunciation and meaning of the technical terms found in medical literature. By F. R. Campbell, A. M., M. D. New York: D. Appleton & Co., 1888.

The work opens with a brief history of medicine from a linguistic point of view, full of information and one of the most interesting chapters in the book. Part second contains the majority of Latin words used in medical books. The subject of ortheopy is incidentally discussed, and a list of many words commonly mispronounced is given. In part third is found the principal words of Greek origin, with the method of converting Latin into Greek, and in part fourth are collected the majority of the words transferred from the modern foreign languages into our

medical vocabulary. To the author and the scholar who aim to be scientifically correct in their medical expressions the work will prove a mine of wealth.

## CORRESPONDENCE.

### "PRACTICING BOTH WAYS."

Physicians who use this awkward expression to indicate their methods of practice have received unqualified censure from the medical press of both schools.

To a certain extent this censure is deserved, for it is evident that there are physicians whose only aim is to gain patients irrespective of principles or practice, and that such men are unworthy of their noble calling.

There is, however, another sense in which the term is used, which has been overlooked by the various critics. This can best be shown by referring to its origin and real significance.

It is a popular term, and therefore should be examined from a popular standpoint.

A few years ago sectarianism in medicine was rampant. Its bitter spirit had permeated the laity to such a degree that many regarded it as a prerequisite in their medical attendant that he be a pronounced allopath or homœopath. Some went still further and required that he be a high or a low potency man.

This spirit of narrowmindedness lingers yet in our midst, but in a less degree, and its early disappearance would be welcomed by all friends of rational medicine.

We are pleased to note the reaction that has developed in the past few years. At the present time many of the leading thinkers in the profession are openly using in their practice all knowledge that has borne the test of experience, utterly irrespective of the "schools" in which such truths have originated or with which they are connected.

The intelligent public has been quick to observe these changes in sentiment and practice. Having never comprehended the claim of the so-called regular physicians that "though they appear to form a school, yet they are not a school;" therefore when a physician (known by them as an allopath) gives ipecacuanha in drop doses to check vomiting, he is said to be following the methods of the homœopaths. Another physician (who is called a homœopath), who gives morphia hypodermically to relieve pain during the passage of gall stones, is said to be pursuing the method of his Old School brother. In popular language these physicians are said to "practice both ways."

The beneficial results of this liberal method of treatment have been very noticeable, and thus the belief has been developed that "there is good in both schools." This has expanded into a demand for physicians who "practice both ways."

We believe this to be the explanation of the genesis of the expression, and as it fitly describes the practice of such men as Ringer, Phillips and Bartholow, as well as of many eminent homœopaths; they must be included among the transgressors who have incurred the censure of our editorial friends.

The fact remains that the term is the popular, though inelegant, designation of the rational physician. It is also the true designation of many physicians who lack the courage to avow it.

Rational medicine can know no school or other artificial barrier to thought or practice. It may be but a dream of

the future, but it should be the desire of all votaries of the healing art that in the search for truth the medical world shall present a united front, and that the divisions and dissensions of to-day shall have been forgotten.

To this end let no sectarian prejudice militate against those physicians who from pure motives announce the fact that they practice both ways. They form the vanguard of the army that eventually will cause the obliteration of the schools and the unification of medicine.

T. H. C.

## OBITUARY.

DOWLING.—After a lingering illness, Friday, May 11, FRANCES A., wife of Dr. J. W. Dowling, in her 47th year.

Mrs. Anna B. Greenleaf, sister of the late Dr. Hans B. Gram, who more than half a century ago introduced homœopathy in New York, died at New Britain, Conn., April 23d, aged 86 years.

## TRANSLATIONS, GLEANINGS, ETC.

**Auto-Massage in the Treatment of Ear Diseases.**—From a paper by Dr. Robert T. Cooper, in the *Monthly Hom. Review*, February, 1, 1888, we take the following account of a new method of treating hardness of hearing, devised by Dr. Ad. Hommel, of Zurich. It consists in simply shutting and opening the meatus externus by pressing the tragus against the opposite wall of the meatus. This should be done four or five times a day, during one or one and a-half minutes at the rate of one hundred or one hundred and twenty shuttings and openings of the canal per minute.

By this simple method Dr. H. has cured many cases of hardness of hearing, particularly those from otorrhœa, often in an incredibly short time.

The indications for the "Tragus-pressé" are given as follows: In all cases of want of mobility of the drum head and ossicula in acute and chronic simple catarrh, and in purulent catarrh with perforation of the drum head. The more the hearing power is diminished the more must the "Tragus-pressé" be used with power. The "Tragus-pressé" not only increases the mobility of the drum head and ossicula, but it favors also the absorption of the pathological products of the catarrhal affections of the middle ear, and acts as a prophylactic against increasing hardness of hearing in persons advanced in years.

The cases, Dr. Cooper says, in which Dr. Hommel's method deserves most attention are evidently those in which the mucous membrane of the middle ear is swollen and congested, as in otorrhœa, in vascular deafness, where stiffening of the structure is not pronounced.

In cases, however, where the meatus is the seat of inflammatory tendency, as it very often is where the disposition to gout is strong, the "Tragus-pressé" would, he is sure, be inappropriate.

**The Admission of Women to the Operating Theaters of General Hospitals.**—It is a fact, remarks the *Boston Med. and Surg. Journal*, that, at present, both surgeons and patients—male and female—object to operations upon certain portions of the body before a large number of spectators of both sexes. Operations upon the genito-

urinary apparatus of the female are not as a rule performed in our public hospitals before classes of students upon the regular operating days. The same exemption from making an exhibition of themselves, is and will continue to be claimed by male patients, especially when the female spectators are armed with opera glasses; and from an anatomical standpoint with even more reason, as the male is endowed with external genitals, which the female practically is not.

The genito-urinary surgery of the male is one of the most important departments of surgery for the male student to familiarize himself with, and any arrangement by which male students were deprived of opportunities for such familiarity would, we fear, be attended by a greater loss than gain to the practice of surgery and the welfare of the public in the rôle of patient.

### ON THE RELATION OF ANTAGONISTIC PARTIES IN MEDICAL PRACTICE.\*

BY C. WESSELHOEFT, M. D.

It is not my purpose to enter into the historical causes of antagonistic parties in medicine, but rather to consider how it may become possible for them to exist in the same world together without hastening its disruption. There is a general way and a special way of regarding the question. First, the relation of differing medical factions in general and in the abstract; and secondly, a special application of rules deduced from such considerations.

It is somewhat evident that medical factions, as far as they can be traced in history, have always antagonized each other in such a manner that the scientific basis of the difference was too soon lost sight of in the tension of personal antagonism, which often lasted while its origin was forgotten. Even many of us, who have arrived at an age at which men ought to be able to think calmly and deliberately, are not able to trace the cause of strife between two antagonistic medical parties back far enough to realize its origin, and hence we have among the younger generation a state of contention similar to that separating the Montecchi and Capuletti, the Guelphs and Ghibellines, and the Rosicrucians and chemists of old. The contentions between the homœopathists and allœopathists are to-day in quite an analogous state.

If we admit at the outset that there is a cause for contention, we shall have at once to espouse the cause of one party or of the other; and whichever we espouse, the admission will have to be made, *a priori*, that the party whose cause we defend is in the right, and hence that the other party is wrong. It follows, as a matter of course, that in pleading the cause of the party of our adoption, the proof must be furnished, and based upon incontrovertible evidence, that this party is in the right, and *ceteris paribus*, that all attacks and aggressions against it are unjust and wrong. It should consistently follow, next that the opponent, seeing the force of arguments, would cease to think in the way he did, give up, and become reconciled.

This would be an ideal state of things, which may come about in the near future, but it may safely be predicted that it will not come about in this way. The reason that it cannot be brought about in this way must be sought for partly in human nature, and partly in the character and

essence of the dispute itself. Human nature does not readily yield merely to logical reasoning in a contest of any kind, even supposing that argument could be formulated in a manner so irresistibly convincing, that the minds of a world of opponents could at once grasp it, and succumb to it. The dispute is too old for that: it has become chronic, and it must be admitted that the remedies thus far applied have failed. It is a drawn battle, though between very unequal numbers; and if there were thousands on one side and only one on the other, supposing the contestants to be always replaced in this same proportion, it would go on without end. So much for general reasons for the existence of the contest.

The special reason is that it actually is, or should be, a dispute about matters of fact; it should be, but is not, a purely scientific dispute. If we consider it in this light, we cannot admit that either party has brought forward proofs of its right to exist to the exclusion of the other party; though testimony has been piled upon testimony, evidence is as yet too incomplete to establish the exclusive right of one party as against the other. Though the history of science in general yields examples of the final triumph of purely scientific principles, it cannot be said or admitted that the principles which form the basis of contention between the two parties in question, those of the Old School and the New, have by either party been so clearly demonstrated that there is not a point left for the other to rest a lever upon.

Like the general and the special, the scientific and personal have become so mixed up in the contest that it is quite difficult to disentangle the threads which might possibly lead to an understanding. At first, right from the beginning, nearly a hundred years ago, it was claimed by the New School that it had discovered a universal principle, according to which disease was curable. It claimed furthermore that it had new and universally applicable pharmaceutical methods to subserve this universal principle of cure, called *similia similibus curantur*, as opposed to the then universally accepted Galenian principle, *contraria contrariis*. Both the curative maxim of law, as well as the pharmaceutical methods, of the New School, were at once most violently opposed, not only by all kinds of argument, but much personal invective; also the power of local and general governments was often successfully invoked against it. Things began to be hopelessly mixed. Scientific testimony opposed to temporal powers now constituted the elements of the contest.

Thus it was in the Old World. The contest transferred to the new, though bearing the same general aspect, had added to it different elements of dispute. Here in the United States of America, in the course of time, the Old School receded from its belief in Galenian maxims, and said, "We have no creed; we are simply physicians, adopting every method that will cure; but we ignore and still repudiate the maxim of the New School." This New School, on its own part, had its intramural feuds, chiefly in regard to the question of dosage. The so-called infinitesimal dosage of the New School had been one of the chief points of attack by the Old School. The contest turned around this point in the early days in the Old World, and likewise in this country.

While on the one hand the Old School ostensibly receded from its once-favored Galenian maxim, the New School, by increasing majorities, receded from the extreme attenuation of drugs, so that at this time it is far from being the universal rule. Indeed, it needs no searching

\* *New Eng. Med. Gaz.*, April, 1888.



inquiry into the history of the New School to arrive at the conviction that extreme dosage never was universal.

Gradually it became more and more apparent that the pharmaceutical and therapeutical methods of the Old School had drawn nearer to those of the New School, while the latter did not maintain an absolutely antagonistic attitude towards methods of the Old School, in so far as they were useful and practical.

Why could not the contest have ended there? why does it not end there? The threads are still entangled. The source of the dispute is obsolete, and beyond the comprehension of the present rising generation, but its spirit survives. Homœopathist and Old School, or "regular," are as antagonistic—apparently only, let us hope—as ever.

A new element has been introduced. The field of controversy has been shifted. It is no longer homœopathy against alloëopathy, small dose against large dose, *s. s. c.* against *c. c. c.* To give it a plausible, and, if possible, a respectable name, it is now converted into a contest concerning a principle of ethics. Homœopaths, or rather all doctors, are told by the dominant party that they may practice as they choose, give much or little; they may base their practice upon any principle they desire, but they shall not call themselves by any name or title. They shall not call themselves homœopathists or alloëopathists, for if they do they are said to be insisting upon maintaining an "exclusive dogma," or "trading upon a name." While they persist in this, they shall not be a part of, and shall be excluded from, the dominant medical fraternity. According to the latest attitude assumed by the dominant school of "regular" physicians, members of the New School must renounce their allegiance to its tenets, or at least must not call themselves homœopaths, in order to be eligible\* to membership in their societies.

So things stand to-day. If the contest is to be continued on these new lines, it will not end anywhere, so far as can be seen. The old issue about dosage and the law of similars, by no means defunct, will again be drawn in to render the confusion more and more profound; and the way out of the confusion is endless.

The question at once presents itself: Is there a way out of it? Is there a desire to establish harmony? Do physicians on both sides really care to live harmoniously? If so, shall they compromise upon questions of science which each claims to have settled? Such a course is impossible. What one knows he will not surrender or ignore. What one believes, he might give up in part; but beliefs are sacred, and not to be bartered away. If either or both parties profit by segregation, they will remain antagonistic to each other.

What course might there be proposed as being open to both parties, supposing that among them there were a spirit of willingness tending, if not toward formal reconciliation, at least toward the establishment of a *modus vivendi* pending some future permanent coalescence of discordant elements? Let us consider the matter from an impartial point of view, like judges standing between both contestants, and we shall see that the question resolves itself into two parts—one of *science*, and one of *ethics*.

Taking the question of science first, let us ask ourselves if such a question has any right to exist? In answering this it will not be necessary to enter upon the actual scientific points, such as, Is the law of similars right or wrong? Is the customary method of preparing drugs

right or wrong? Must these matters be categorically settled and disposed of before any mutual understanding between contestants can be arrived at? Or must it be unconditionally conceded that the method of prescribing medicines in large doses is absolutely right? Or that it is wrong to adopt any general principle or formula regarding the use of drugs? Is their mode of action known with sufficient certainty to warrant us in prescribing them as contraries?

If these questions are all answered in the absolute affirmative there is an end to dispute and antagonism. But they are not settled to the satisfaction of either party. Each still stands on the defensive, or rather holds them in abeyance.

If so, the question at once merges into its second part; that is, it becomes a question of ethics, of right and of justice.

In considering the possibility of greater toleration it must strike an impartial judge as impossible that varying parties or schools should unite, if one is right and the other wrong in a scientific sense; but that such greater degree of mutual toleration and understanding can only be reached by *admitting the as yet unsettled condition of certain questions of therapeutic art and science*. In fact, the question of right or wrong, as to scientific matters is entirely inadmissible; it should be excluded as irrelevant. *The only right that exists in any branch of science is the right to entertain opinions; that is, the right to draw conclusions from the best light each one has, from the best facts at his command.* The facts themselves may be, and may remain, a matter of dispute. Men of science, especially professional men, may differ very much concerning facts; that is, as far as doctors are concerned, they may differ concerning empirical data. These may stand for all time, or may be swept into nothingness by future research. But till such time comes, personal quarrels, personal antagonisms of individuals or of societies against each other, are out of place and uncalled for.

Arguments can never be too incisive regarding empirical data, that is, regarding the results of experimental research. But as soon as the element of personal antagonism enters into this field, it becomes barren and profitless. This has been the bane of medical science in past centuries. When all doctors shall agree to settle disputed questions by purely scientific methods, they will begin to enjoy life. They will then acknowledge that medical science has not yet arrived at a stage where one party has a right to exclude another: it has not yet been perfected so far that physicians may claim the right to base a system of exclusion upon differences of opinion in regard to practice.

This does not preclude the inalienable right to subject each other's methods of practice to rigid critical examination, but it includes the right of each individual, or of individuals organized into societies, to choose their own methods of practice, and of physicians to choose associates or societies congenial to them. Diplomas from respectable colleges, and personal respectability, should be the only passports needed to commend individuals to the censors of societies. Diplomas give the possessor the immutable right to judge for himself of medical affairs. If that is not their meaning, they have none. Diplomas may declare the recipient proficient and able to judge of some special mode of practice, but none are known which compel the possessor to limit himself to a dogma any more than to a specialty.

\*See *Boston Med. and Surg. Journ.*, Feb. 9 and 23, 1866, p. 150.

Much of the antagonism marring the relationship of medical parties arises from a fault common to both, because deeply rooted in human nature. It is the proclivity to think, at each step of medical progress, that the era of perfection has arrived. Acceptance of facts, which a few of the wisest believe to be temporary in all probability, is by the majority elevated into a basis for dogmatism, and dogmatism into a creed. Both parties have fallen into this error, like all medical parties since the earliest times. Both parties have principles, whatever they may be, notwithstanding the repeated announcement on the part of the older faction of the renunciation of all special rules of guidance in practice; and these are the principles that in spirit, if not always in practice, have grown into religious beliefs and creeds.

The younger party, or New School, up to a recent date, had a kind of *credo* which had to be subscribed to by applicants for membership into societies. These creeds technically, though not practically, excluded all who had not a particular belief. But the older school had another belief. It believed that it was right to exclude others for having an opinion. For centuries they believed in a medical dogma of contraries. Then they renounced their belief in such a dogma, but rose to a higher plane of religious belief that they were "regular physicians," implying that they were the only reliable and creditable physicians, as opposed to those who believed otherwise. Take it as you will, there were two creeds, each denying the other the right to judge independently of medical affairs.

The result was that the older party began to cast about for some new reasons for remaining exclusive, and for excluding the other party, whom it accused of being exclusive for being excluded. It soon hit upon a new counter-sign, or rather battle cry, by which one might be distinguished from the other. This battle-cry was "exclusive dogma;" that is, the younger party was supposed to have an exclusive dogma, inasmuch as it held to the opinion that it possessed a good and safe rule for the application of medicines in disease.

The older party, in order that its own position might be impregnable, had concluded to renounce its own exclusive dogma of contraries, thereby trying to evade the appellation "alloëpathists," a title which it had proudly borne for a century. Now, after suddenly renouncing this title, the party imagined itself free and untrammelled by any kind of rule or principle, and even free from the suspicion of ever having sought to find some useful guiding principle or rule by which it might steer. Its members needed no such light, for were they not "regular?" were they not supreme and perfect in knowledge of drug-action and modes of its use?

The members of the younger party had not fallen into a self-made pit; they still maintained the usefulness of their rule, and among them there were many who held that this rule or maxim was an immutable law of nature, and that certain extreme pharmaceutical methods of preparing drugs were essential to the maintenance of the law or rule; and so, from the earliest beginnings of homœopathic societies all applicants for membership had to acknowledge their belief in the doctrines of their school. There would have been no harm in this, had it not excluded other physicians from these societies, thereby laying themselves open to the suspicion of exclusivism, and of having an exclusive dogma. So they changed all this. Without renouncing their principles, they revised the by-laws of their societies, and in doing so they omitted all clauses

which compelled the acknowledgment of a creed as a condition for membership, and in the place of a confession of faith or pretence of renunciation, they set the principle of *absolute liberty of opinion in scientific matters, and a declaration of the acknowledgment of scientific research as the only foundation for any scientific opinion whatever.*

Under such a code they were made stronger than before to maintain their methods of treating the sick and of preparing their medicines. Under the declaration of liberty of opinion and thought in science, they no longer excluded others, even if they did not agree with their opinions and thoughts; and what is more, they were no longer guilty of intolerance towards others, while at the same time they had solid ground under their feet.

Under this declaration they stated the object of their societies to be the furnishing of scientific proof of the validity of the rule of treatment, and of perfecting their pharmaceutical methods. It became clear to them that declaration of the scientific purposes and work to be done in societies was henceforth to be considered as a very different thing from subscribing to a belief.

The question as to whether they had actually made progress in demonstrating new facts in addition to old ones in support of their therapeutics and pharmacy, or as to whether they have gone backwards; as to whether their law is universal or without foundation—this question is entirely gratuitous, and of no present importance.

Any individual or group of individuals, whether organized as a society or not, is now entirely anachronistic, if as knowledge-seekers they presume to ostracise, exclude or persecute other individuals or associations for entertaining different opinions on matters of knowledge or fact, and endeavoring to establish such knowledge or fact.

Now, where was the older or "regular" party all this time? It had renounced its belief in a medical principle concerning the action of drugs. Whether this principle in itself was right or wrong is of no consequence; but it is of great consequence to inquire whether it was wise, just and right, and in accordance with the free spirit of science, to continue to exclude other physicians from their societies, and even from personal intercourse; whether or not it is to-day wise or right to demand a confession of faith based on an abandonment of the simplest ethical principles, *the renunciation of scientific convictions*; nay, worse than that, for such a demand implies the renunciation of liberty of thought—a monstrous absurdity.

A candidate for admission into such society will not burden his conscience if he entertains no convictions regarding the curative action of drugs, or anything else; but if he entertains such convictions, or as a young practitioner hopes to form definite opinions and rules to guide him in his future practice, he must be of feeble moral constitution to allow himself (or herself) to be overawed by those conditions of renunciation. To "welcome and encourage" such individuals may be an easy task, but a very profitless one to the society about to clasp them to its bosom.

The watchword "exclusive dogma" is very plausible; but it is not true that the younger school either entertains such a dogma or uses it as an advertisement. If they once held it in that sense, or if some of them hold it in that sense now, *they*, but not the whole party, are doomed. But the thousands of homœopathic physicians in the world cannot be judged by what a few hundreds do or think. Any one who will take the trouble to inform himself by referring to testimony open to all, must, unless he chooses to deceive himself, be convinced that the New School, while

it declares its right to make entire or exceptional use of the rule of similars, does not exclude other methods of using drugs or of treating the sick in general; he must discover that it includes its method of practice *with* others; he must discover, by thinking the matter over, that the practice according to such a rule is a special mode of wide applicability, and *not* exclusive. It must become clear that a homœopath has as much right to announce his special mode of treatment as any specialist, and that, like specialists, he is not confined and fettered if he should find it necessary to adopt other special modes of treatment; *that, far from being justified in ignoring or concealing his special method of using medicines, or pretending to renounce them for fear of being accused of harboring an "exclusive dogma," he would be guilty of dishonesty and quackery if he did not state what his methods are.* This is very different from practicing according to secret methods or avowedly no methods.

If we correctly interpret the liberal phrases of the older societies, a physician is at liberty to practice as he chooses; he may prescribe big pills or pellets with or without the rule of similars; but he must not call himself a homœopathist, and he must shun the societies of such; so that it is only possible to put ONE interpretation on the "renunciation" to be exacted from future applicants for membership into the "regular" society, that is, *that they may practise what they profess not to do, and that they are at liberty to practise what they have renounced.*

For the present we have no strong inducement to change our course; it will be useless to trouble our minds with dreams of union and conciliation at the price of compromises. Let us be fair and just to ourselves, we shall then be so to others. Let us consistently hold the square and honest position we have taken. If we are free in mind and conscience, we need not trouble ourselves much about others whose ethics are faulty and delusive. While they persist in closing their doors against all who refuse to sign creeds and to renounce opinions on scientific matters, let us, after abandoning creeds, substitute experimental research.

Let us open our societies to all respectable and qualified physicians.

Let us recognize all respectable colleges.

Let our societies be judged by the work they do, not by creeds.

Let us discourage intolerance regarding matters of dispute.

Since 1873 our city and State societies have reformed their by-laws, and the American Institute since 1874. Whether other societies throughout the country have followed I know not, but I am sure they are not exclusive in requiring renunciations or confessions of creed.

Homœopathic societies are very indifferent to the question of conciliation, especially when the question of compromise is involved. They care nothing about agreement in any form, feeling themselves quite secure under a strong national government, and as free men. Our Old-School societies are yet laboring under a hereditary taint of scientific absolutism, transmitted from century to century, and imported into this country where free institutions have not yet been able to obliterate that spirit.

Homœopaths, aside from the truth or erroneousness of their doctrines, are in medicine what the Puritans were in religion—they would have and did have liberty of conscience. If, like those hard-headed ancient religionists,

they once found the world too small for them, they have outgrown that weakness, and have settled down to the conviction that they have all the right and room they need in the world.

While homœopaths have the indisputable right to develop their system according to the best of their ability, they should not be indifferent to the ethical principles upon which their societies are founded. Constitutions and by-laws either have a significance, or they have none. If the latter is the case, their wording is a matter of indifference; if the principles expressed in their constitutions and by-laws are of importance, the manner of their expression and its possible import should be scrupulously revised and reconsidered, lest those documents might say something they do not mean, or mean something which they do not say.

Let us hope that all local, county and state societies of whatever party will see to it that their constitutions, by-laws and codes of ethics are free from cant, free from creeds, free from exactions regarding this or that belief, lest they place themselves in the unenviable position of being obliged incessantly to tinker their by-laws to accommodate persons who are as willing to accept as to renounce a creed to gain favor.

#### REPORT OF SURGICAL PROGRESS.

BY EGBERT GUERNSEY RANKIN, A. M., M. D., NEW YORK.

##### Treatment of Penetrating Wounds of the Abdomen.—

At a recent meeting of the Société de Chirurgie, of Paris, M. Reclus brought up for discussion the subject of the treatment of penetrating wounds of the abdomen, and more especially of pistol-shot wounds. From a careful study of the subject, and from the result of a number of experiments on dogs, he has come to the conclusion that a considerable proportion of cases in which the intestine is penetrated by a small body will recover spontaneously, and that the statistics of laparotomy do not offer anything better to the surgeon than is shown by his own studies of the result of expectant treatment combined with physical and physiological rest.

This view is diametrically opposed to that which is now current in the surgical world, and especially in this country. So it is interesting to note that it has not been admitted without question even in France. The Paris Society of Surgery has followed the subject up in a discussion which engaged the voices of the best surgeons of that city. The general conclusion was altogether favorable to what is recognized as the "American" idea: that laparotomy should be performed boldly in cases of penetrating wounds of the abdomen, where there is any reason to suspect that the bowel has been penetrated. According to Trélat, the chances are ninety-seven in a hundred that the bowel is penetrated when the abdominal wall is; and the views of Reclus are not borne out by general surgical experience.

It is well known that penetration of the stomach is not so likely to be followed by serious peritonitis; and this fact may be borne in mind in determining the propriety of laparotomy in individual cases; but in general we believe the whole surgical world accepts the view which is called the "American" view, and is not prepared to abandon it upon the ground of such evidence as M. Reclus has brought forward, no matter how fully both he and it are deserving of respect.—*Med. and Surg. Reporter.*

**Anæsthetic Iodoform.**—The following is recommended



in *La Pratique Médicale* for Feb. 14, 1888: Iodoform 1 ounce, cocaine 15 grains; mix and add menthol 15 grains, essence of lavender 20 drops.

This mixture is almost free from any bad odor, particularly if the dressing of the wound is from time to time moistened by the spirits of lavender.—*Medica Analectica*, March 1, 1888.

**Ligature of the Thyroid Arteries to Produce Atrophy of Goitre.**—(Prof. Billroth, *Weiner Klinische Wochenschrift*, April, 1888.) The writer states that the brilliant operation of extirpation of the thyroid gland in goitre has of late years caused dissatisfaction, because (1) we cannot prevent tetanus, which occasionally follows the operation; (2) because, even with the greatest care, the recurrent laryngeal nerve is often either cut through or included in the ligature; and (3) because, after thyroid extirpation in children, the well-known strumous cachexia not infrequently occurs.

Woelfler re-introduced the operation of tying the four arteries, and inasmuch as atrophy can only take place in living and well-nourished tissue, the operation is not completely successful where the struma contains portions of cystic and calcareous degenerations, or where the tissue is almost necrobiotic.

The indications for this operation being plain, Billroth writes of the effect thus:

1. The first effect of the ligature of the four arteries is to produce glandular anemia, since these goitres are very vascular; after the operation they are softer and smaller than before it.

2. The second effect is seen in the nourishment of the tumor; the slight collateral circulation is not enough to keep alive the cells in the struma. The vessels are obliterated, epithelial and connective tissue disappear, and only cicatricial tissue remains.

It is probable that the cachexia which often follows in children is avoided because atrophy occurs gradually in the course of weeks or months. The atrophy (as shown by experience) is permanent.

He then gives four cases recently operated upon.

**The Addition of an Acid to Corrosive Sublimato Solutions to Increase their Antiseptic Power.**—Dr. E. Laplace has made a series of experiments in order to determine whether sublimate dressings, such as gauze, cotton, rollers, etc., were really aseptic (*i. e.*, free from microbes) and antiseptic (*i. e.*, germicidal).

He found that while most of the dressings were aseptic, none of them exerted positive antiseptic powers. It has been proven by numerous investigations that when the sublimate solution is brought in contact with albuminous fluids, an insoluble albuminate of mercury results, which is entirely devoid of antiseptic properties. This takes place when sublimate dressings are applied to the body, and explains the poor results obtained from their use in some cases. Laplace found that the addition of an acid to the sublimate will prevent this coagulation. He especially recommends tartaric acid.

The following are his conclusions:

1. Acid solutions of corrosive sublimate exert the full effects of the drug, even in albuminous fluids.

2. The combination of an acid with the sublimate increases its antiseptic powers, so that weaker solutions are required.

3. The acid sublimate dressing does not interfere with the employment of other measures—caustics, iodoform, etc.

4. The acid sublimate solution and gauze gives more

satisfactory results in the laboratory and in practice than other disinfectants.

5. The wounds are not irritated.

The solution employed by Laplace is the following:

Hydrarg. bichlor. ....	1.0
Acid tartaric. ....	5.0
Aq. destill. ....	1000.0

Gauze, cotton, etc., are soaked for two hours in a solution of

Hydrarg. bichlor. ....	5.0
Acid tartaric. ....	20.0
Aq. destill. ....	1000.0

The author obtained very satisfactory results with this dressing in the treatment of suppurating wounds. The fetor rapidly disappeared, granulation was established, and the dressing remained sterile, in one case for six days.—*Medical Record*.

**Painless Destruction of Nævi.**—A. B., aged two, suffering from a nævus the size of a shilling, behind the right ear, was on May 13th, 1887, treated in the following manner for its removal. Having first painted the healthy skin around the circumference of the nævus, for about half an inch, with a coating of collodion flexile, a thick layer of a four per cent. solution of corrosive sublimate was applied on collodion over the nævus. On the twenty-fifth, when the collodion was removed the nævus had entirely disappeared, and nothing remained but a small scab. Dr. Boing was the first to suggest this method of treatment, and my object in publishing this case is to draw attention to so simple, satisfactory, and painless a method of treatment.—*British Medical Journal*.

**Excision of the Tongue.**—Barwell (*Lancet*, Dec. 31, 1887) recommends the following method, which leaves a painless stump:

"Strictly in and along the middle line an opening is made about one-third of an inch long, immediately in front of the hyoid bone through the raphe of the mylo-hyoid." The genio-hyoid and genio-hyoglossus muscles are separated with the handle of the scalpel until the deep surface of the mucous membrane is reached. By means of Liston's needles carried under the mucous membrane, to or even beyond the last molar teeth, threads are passed on each side into the buccal cavity, which in their turn draw flexible wire twist, first into then out of the mouth, in such wise as to surround the base of the tongue as far back as one will. An écraseur working with this wire severs that part of the organ. Then the loop of another écraseur is passed between the teeth, pressed well down on the first incision, and divides the structures beneath the tongue."

**Non-Operative Treatment of Strangulated Hernia.**—In the year 1882 Finkelstein reported a method of treatment of strangulated hernia, which he called "*local etherization*." The number of cases thus successfully treated was large; still it does not seem to have attracted sufficient attention, for judging from the very scanty reports, only a few physicians gave it a trial. Dr. Zeinebraum, of Weimar, therefore, in the *Correspondenz-Blätter des Aerztlichen Vereines in Thuringia*, calls attention to the fact that he has tried the etherization since the above publication and found it successful in nearly all cases. The last case was a farmer's wife, 45 years old. Without any apparent cause she became affected with a strangulated inguinal hernia on her right side. After everything had been tried to accomplish the reduction of the hernia, Z. was called ten hours after strangulation had taken place. He found in the inguinal region a tumor of the size of a fist and as hard as

a board; the slightest touch produced severe pain. The general condition of the patient was bad; she was very restless and moaned constantly; she had vomited several times. Constant evacuations, pulse weak, taxis attempted but failed. Z. ordered the patient to lie on her back, with a somewhat elevated pelvis and limbs drawn up. Z. then poured sulphuric ether, a tablespoonful at a time, often repeated, over the region of external inguinal ring. In order to prevent any burning of labia, anus, etc., by the ether, he had the parts protected with sweet oil. After pouring ether on the inguinal ring and the tumor for half an hour, the latter had become considerably smaller; a slight attempt at reduction replaced the gut with a gurgling sound and without the least difficulty. The next morning the patient felt perfectly well. In order to get a prompt effect by the etherization, not much time should be lost with taxis, for the sooner after strangulation the ether is used, the more certain will be the success. The principal reason of these results of ether treatment seems to be the intense cold which is produced by its evaporation. This causes, by condensing the gases contained in the strangulated bowel, a shrinking of the volume of the incarcerated portion of intestine. The cold, furthermore increases the peristaltic action to a great extent, another important factor in liberating the gut. If, however, the bowel has become paralyzed by either a too long continued strangulation, or excessive taxis, the ether will, of course, be useless. As the results of herniotomy, in spite of antiseptics, are by no means very brilliant, because, principally, patients will not give their consent to the operation in time, it would be advisable to try local etherization first, especially in the country.—*Der Practische Arzt., Pittsburgh Med. Review, April, 1888.*

**Treatment of Chronic Abscesses by Irrigation.**—In his address before the British Medical Association, Dr. Hamilton described the following method of treatment of chronic abscesses. A long curved trocar and canula are pushed through the abscess and made to transfix it four or five inches, a piece of rubber tubing with a single hole about the center is drawn through the canula by a thread connected with the cutting end of the trocar; the aperture in the tube being lodged midway in the wound, the canula is removed. One end of the tube is attached to an irrigating can hung above the patient's bed, the other leads to a reservoir at the bedside. By means of a stop-cock the flow can be regulated as desired, a flow escaping drop by drop being sufficient to keep the contained fluid and the wall of the abscess aseptic. Distention of the sac can also be made when desired by compressing the exit portion of the tube. He considers a solution of chloride of zinc (1 to 200) the best antiseptic to employ, maintaining that he has obtained the best possible results from this in spite of the assertion of Koch that chloride of zinc is inert as a germicide. He believes that if it does not kill the germs it renders a surface a barren cultivation field. After about a week the abscess wall has undergone such decided alteration that continuous irrigation is not necessary, but occasional syringing is sufficient for the perfect healing of the cavity.—*Br. Med. Journal.*

**Stone in the Stomach.**—Concretions or stones, are not often found in the human stomach, though the bezoar of the abomasum and intestines of ruminants is well known, and in olden days was very highly esteemed as a remedy against poisons and infectious diseases, being even worn as a charm. Human intestinal agglomerates are occasionally found in oatmeal-eating districts, and have sometimes

been dignified by the name of "avenoliths." An enterolith was found by Laugier in a human subject, the nucleus of which was formed by a piece of liquorice root. True gastroliths are, however, occasionally found in human stomachs; thus Schönborn was able to collect seven such cases, all of which appeared to have formed around a nucleus of hair; one of these weighed two kilogrammes. Quite recently a Dutch physician, Dr. H. A. Kooyker, has described a case of a true gastric concretion weighing 29 ounces, in which there was no nucleus at all. The patient was a middle-aged man, who was so averse to examination and manipulation of all kinds that it was very difficult to form a diagnosis of his disease. He occasionally vomited blood, and gradually became more and more emaciated. A tumor was felt in the epigastrium, but its nature was not made out until the post-mortem examination revealed a stone measuring seven by three inches, nearly filling the cavity of the stomach. There was also a smaller stone situated at the pyloric extremity. These stones were of a brownish color, and the large one contained several cavities. It had an offensive smell like that of feces. A number of vegetable cells were found in it, but it was devoid of concentric or other structure.—*Lancet, Jan. 28, 1888.*

**Pilocarpine in Optic Neuritis.**—Sorkin reports a case (*Recueil D'Ophthalmologie, October, 1885*) of descending optic neuritis, with complete loss of vision, in which he employed hypodermic injections of hydrochlorate of pilocarpine, one-sixth of a grain, repeated each day. This was followed by a notable improvement of vision, and the optic nerve returned gradually to its normal aspect. This result was obtained after thirteen injections of the pilocarpine.

**Food for Infants.**—At this season of the year, when cholera infantum takes off so many children, it becomes us to consider the value of the different foods, with a view to their individualization. The Lactated Food has won an important position and is steadily growing in favor. The basis of this admirable food is sugar of milk, and its composition so like that of mother's milk, that an explanation is afforded of the reason of its great universality as a nutrient. The useful little monograph on "Dietetics," which is sent free to all who mention this journal in writing to Wells & Richardson Co., Burlington, Vt., will be found interesting to our readers. This food is not confined in its use to infants, but is of great service to the aged.

**Mercurial Neuritis and Paralysis.**—M. Maurice Letulle in a note to the Académie des Sciences upon this subject arrives at the following conclusions: 1. Mercurial paralysis differs from that produced by lead in the following important respects: the preservation of the normal electro-contraction, the absence of muscular atrophy and the preservation of the tendon-reflexes.

2. The lesions of peripheral nerves due to mercury are characterized specially by the destruction of the myelin, with conservation, perhaps indefinitely, of the axis cylinder, and the absence of proliferation of the nuclei of Schwann's sheath. The trophic alterations are segmental and peri-axial.

**Errata.**—In Dr. C. G. Higbee's article on "Fœtus in Utero," in our April number, read *vegetative*, instead of "vegetable."

## HISTORICAL EXCERPTA.

By E. G. R.

It is sometimes difficult to trace the origin of familiar facts. Such knowledge, although of not great importance from a strictly practical point of view, is nevertheless of marked interest. The first two of the following excerpts are from a work of limited circulation, entitled "Gleanings for the Curious;" the third from Mackay's "Popular Delusions;" the remainder from the quaint and rare works of Hone, published in the early part of this century and long ago out of print.

## THE FIRST DOCTOR OF MEDICINE.

The title of Doctor was invented in the twelfth century, at the first establishment of the universities. The first person upon whom it was conferred was Innerius, a learned Professor of Law at the University of Bologna. He induced the Emperor Lothaire II, whose Chancellor he was, to create the title, and he himself was the first recipient of it. Subsequently the title was borrowed by the faculty of theology, and first conferred by the University of Paris on Peter Lombard, the celebrated scholastic theologian. William Gordonio was the first person upon whom the title of Doctor of Medicine was bestowed. He received it from the College of Asti in 1329.

## AUSCULTATION AND PERCUSSION.

Laennec invented the stethoscope, and perfected his discoveries in physical diagnosis of disease of the heart and lungs in 1816.

Avenburger published his work on "Percussion" in 1761.

One hundred and fifty years before Laennec suddenly conceived act of applying a roll of paper to the heart of a patient, gave birth to thoracic acoustics, that ingenious and philosophic man, Robert Hook, said in his writings:

"There may be a possibility of discovering the internal motions and actions of bodies by the sound they make. Who knows but that, as in a watch, we may hear the beatings of the balance, the running of the wheels, the striking of the hammers, so it may be possible to discover the internal parts of bodies—that one may discover the works performed in the several offices and shops of a man's body, and thereby discover what engine is out of order."

## ALCHYMY.

The science of chemistry is not a little indebted to its spurious brother of alchymy. Many valuable discoveries have been made in that search for the impossible which might have been hidden for centuries yet to come. Roger Bacon, in searching for the philosopher stone, discovered gunpowder. Van Helmont, in the same pursuit discovered the properties of gas. Geber made discoveries in chemistry which were equally important, and Paracelsus, amidst his perpetual visions of transmutations of metals, found that mercury was a remedy for syphilis.

## OPTICS.

Jamblichus says of Pythagoras that he applied himself to find out instruments as efficacious to aid the hearing, as a ruler or a square or even optic glasses *ὀφθαλμοὶ* were to the sight. Plutarch speaks of mathematical instruments which Archimedes made use of to manifest to the eye the largeness of the sun, which may be meant of telescope. Aulus Gellius having spoken of mirrors that multiplied objects, makes mention of those into which inverted them, and these, of course, must be concave or convex glasses. Pliny says in his time artificers made use of emeralds to assist their sight on works that required a

nice eye, and to prevent us from thinking it was on account of the green color only that they had recourse to it, he adds that they were made concave to collect the visual rays, and that Nero used them to view the combats of the gladiators.

## PHLEBOTOMY.

Bleeding was much in fashion in the Middle Ages. Among the monks this operation was called "mination."

In some abbeys there was a bleeding house called "Fleboto-Maria." There were certain festivals when this bleeding was not allowed. The monks desired often to be bled on account of eating meat.

In the order of St. Victor the brethren were bled five times a year—in September before Advent, before Lent, after Easter and at Pentecost, which bleeding lasted three days. After the third day they came to Matins and were in the convent; on the fourth day they received absolution in the chapter. In another rule one choir was bled at the same time, in silence and psalmody, sitting in order in a cell. (See Fosbroke's "British Monarchism.")

## MEDICAL CHEMISTRY IN EGYPT.

It is agreed by almost all that chemistry was first cultivated in Egypt, the country of Cham, of whom it is supposed primarily to have taken its name, *χημεία* sive *chamia*, the science of Cham.

Egyptian pharmacy, like its modern prototype, depended much upon chemistry; witness then extracted oils and preparations of opium for alleviating acute pains. Homer introduces Helen as administering to Telemachus a medical preparation of this kind. They also made a composition or preparation of clay or fuller's earth adapted to the relief of man's disorders. They had different methods of composing salts, nitre and alum, sal cyrenaic or ammonia, so called from being found near the temple of Iseper Ammon. They made use of litharge of silver, the rust of iron and calcinated alum in the cure of ulcers, cuts, boils, diseases of the eye, &c., and of pitch in the bites of serpents. They successfully applied caustics. They also knew the different ways of preparing different vegetable substances both for medicine and beverage. Beer had its origin among them. Their unguents were of the highest estimation. In Dioscorides mention is made of their metallic preparations of burnt lead, ceruse verdigrise and antimony for plasters.

Montaigne says that it was in Egyptian law that the physician took charge of his patient at the patient's peril for the first three days, but after that at his own.

**Red Wine in Nocturnal Enuresis.**—In 1840 the physician of an orphan and foundling asylum, in Baden, where children were kept till they had reached their fourteenth year, cured night wetting of beds by red wine in two weeks. The wine was given at bedtime and in the morning before eating. Fifteen years ago a sixty-two year old man found himself unable to retain his urine more than five minutes. He was given home-made red wine (half blackberry, half elderberry), and he held his water for fifteen minutes and then returned for a second dose. Subsequently he was able to hold his water for two hours during a jury trial. Urinary incontinence in children has since been cured with it; also the same affection in two old men, one over sixty, one seventy-six. The dose given was for children four drachms, and for adults three ounces. The dose given at the orphan asylum was double this of pure wine (port), unobtainable here. A mixture of blackberry and elderberry wine is an excellent substitute. The remedy deserves a trial, as it is certainly palatable.



## MISCELLANY.

—Dr. Strong, Chief of Staff W. I. Hospital, reports 1011 patients under treatment during the month of April. Mortality, 3.96 per cent. During the past six months the following operations have been performed: Fourteen amputations, four radical cure of hernia, four resections, seven trachelorrhaphies, three laparotomies, with numerous minor operations.

—Dr. O. S. Osborn, in the *New York Medical Journal*, says he has used salol in twenty-two cases of diarrhoea without a single failure. He thinks it especially indicated in the summer diarrhoeas of children, when there is vomiting, purging and cramps.

—Dr. Russell P. Fay has located at Yonkers, N. Y., and has the highest commendation of the Medical Board of the W. I. Hospital.

—Sir Morell Mackenzie is said to receive \$15,000 per quarter, or any portion of that time, for attendance on the Emperor Frederick. His private practice in London was reported to be worth \$75,000.

—The Legislature has appropriated \$250,000 for expenditures in connection with Quarantine.

—Sonnonberger reports in the *London Medical Record* that he has obtained very satisfactory results in the treatment of 70 cases of whooping cough by giving one to three grains of antipyrine three times a day. Given in a little raspberry syrup the taste is thoroughly disguised.

—A man recently died in West Virginia at the age of one hundred and eleven years ten months and twenty days, who had been an inveterate user of tobacco for ninety-eight years!

—The one hundred and twenty-second annual meeting of the Medical Society of New Jersey will be held at the Heath House, Schooley's Mountain, June 12th and 13th. Particulars may be learned of Dr. Wm. Pierson, of Orange.

—Dr. George Dowling, son of Prof. J. W. Dowling, succeeds Dr. Alfred Walton at Brick Church, Orange, N. J. Dr. Francis B. Kellogg, late the efficient House Surgeon of the Wards Island Hospital, has settled at 56 Whalley Ave, New Haven, Conn. The best wishes of all connected with the hospital go with him.

—The *Druggists' Circular* has sued John F. Phillips, advertising agent of the Scotch Oats Essence Co., for \$20,000 damages, on account of libelous statements respecting the exposure of the nostrum by the above-mentioned paper.

—M. H. Chouppe calls attention to the good effects of antipyrin in uterine pains after parturition and in dysmenorrhoea. He believes it acts upon the spinal cord, relieving the pain caused by uterine contraction without diminishing the contraction, and recommends it during parturition in women of irritable temperament.

—Dr. Whitehead, in the *Lancet*, says I have given santaline in amenorrhoea with almost unvarying success. He gives ten grains two or three nights in succession.

—During the past year Montreal had the largest death rate from preventable diseases ever seen in modern times, so says the *Canada Medical Journal*.

—The Rev. Dr. J. M. Buckley, editor of "The Christian Advocate," adds to his papers on the Mind-Cure and similar phenomena, a curious study of "Astrology, Divination, and Coincidences," in the *Century* for February. Dr. Buckley, may fairly be considered to have done a great public service by his exposition of current frauds and hallucinations in this field.

—Scientists state that water once contaminated by sewage never becomes purified by natural means.

—Professor Baird says that as a fish has no maturity there is nothing to prevent it from living indefinitely and growing continually. He cites in proof a pike living in Russia whose age dated back to the fifteenth century. In the royal aquarium at St. Petersburg there are fish that have been there 140 years.

—My experience (says Dr. Formad, in the *Med. News*), has taught me that cirrhosis with contraction of the liver is at least as rare an affection in drunkards as it is in "teetotalers," and that the traditional "hobnail" or "gin drinker's" liver is not diagnostic at all, while the large, fatty liver is one of the most prominent signs of alcoholism. The facts are that in 250 drunkards I found enlarged fatty liver 220 times, and the contracted cirrhotic liver but six times.

—Liebault says that fifteen per cent. of the persons in any community are amenable to the hypnotic influence.

—Dr. Cooke in the *Medical Record* adduces some observations in support of the view that when conception occurs early in the night boys result, when in the morning hours, girls. If this could be proved it would be a great comfort to parents.

—The Consolidated Refrigerating Company, of this city, proposes to supplant the use of ice by means of anhydrous ammonia, manufactured on a large scale. This is obtained 99½ per cent pure and is stored in fountains, to be delivered, at so much the pound, wherever a refrigerator is used. The ammonia expanding is passed through iron pipes and produces a cold all the way down to 70 degrees below zero, so that frost accumulates on the pipes. One fountain holding one hundred pounds of ammonia would last for a month in an ordinary house refrigerator, and would cost about one dollar.

—Mr. Gladstone ascribes his splendid health and longevity to having learned one simple physiological lesson, viz., to make twenty-five bites at every bit of meat.

—The first American contribution to medical literature was "A Brief Rule to Guide the Common People in Small-pox and Measels, 1674," by the Rev. Thomas Thacher, first minister at the Old South Church in Boston.

—In Alabama, a black negro girl about eighteen years old has given birth to twins at seven months, one of which is as black as the *ace of spades* and the other as white as any white child her medical attendant ever saw. This is as puzzling as the case recently reported, in which a beautiful young woman with a tinge of negro blood so slight as to be imperceptible married an unsuspecting white gentleman, and in due time presented him with a black baby.

—Dr. L. L. Post reports that he delivered a woman twenty-three years old, and the mother of three children, at full term, of a two-pound baby, which is alive and well.